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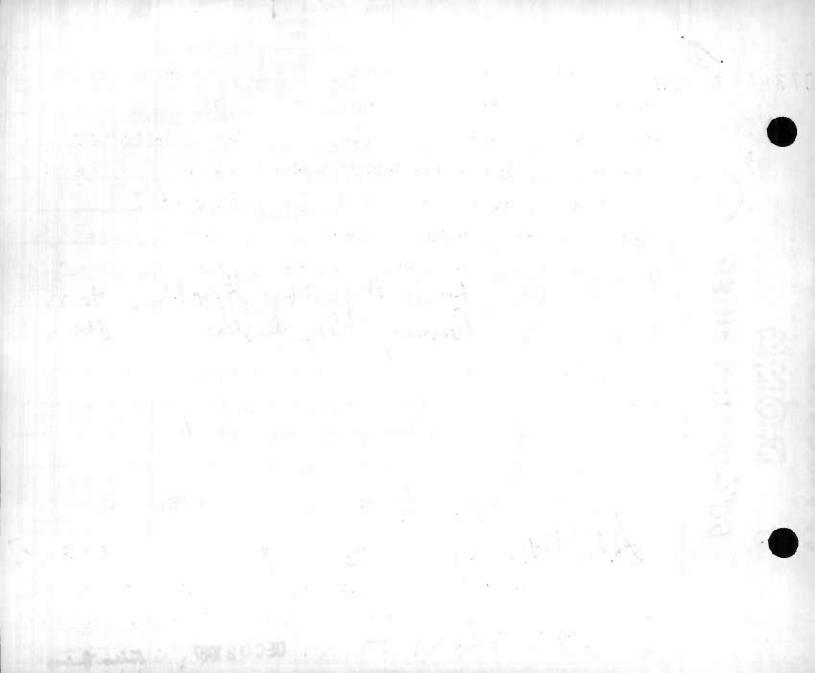
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 072652 NOV 28-8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED NAME 20. DATE KNOWN X MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED | 11-18-87 MARTHA BARKER 4 RACE 2d HOUR DATE OF BIRTH IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 11-18-87 0:36a54 33 DEAD 14 FEMALE White **FUNERAL** To BIRTHPLACE (STATE OF b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOR FOREIGN COUNTRY! USA Washington, D.C. WIDOWED DIVORCED Anne Arundel County A
JALOCCUPATION (TYPE OF WORK | 126 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE) Housewife Household Glen Burnie North Arundel Hospital UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13b. COUNTY Gambrills 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS Arundel NO A 2291 Four Seasons Dr. 21054 Md. 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Thornton Florence Higgins Skelton 7. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) #13 218525271 John Barker same as 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY AMMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A I CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ SHOULD BE UPPARTMENT OF PRIOR TO BUR 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH SDAY UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH driver of an auto/truck impact 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK Waugh Chapel Road street Anne Arundel Co. Maryland PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THEST BALTIMORE, MARYLAND 22a. I certify that I took charge of the remains described above, held an Autopsy X death resulted from: Homicide Undetermined manner Natural couses TITLE (SPECIFY) ACTUAL DATE SIGNED 11-19-87 M D Assistant SIGNATURE Margarita A. Korell, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 11/23/87 Meadowridge\_Mem. Pk. Md. Arundel Dorsey Burial 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** Hardesty Funeral Home, Annapolis, Md. (VR A15 ME (5))



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STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG	B FG NO \$	0 9 4 0
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i	(TYPE OR PRINT) Nellie	E. Helen	Bas	ss	November 30, 1987	,
1	3. SEX	4. RACE	S DATE O			IF UNDER LYEAR OF UNDER 24 HRS
	Female	White	Decer	mber 15 1897	89 YRS.	ONTHS DATS HOURS MIN.
l	70 BIRTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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	Severna Park	321 Gordon Ave	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Homemaker	126 KIND OF BUSINESS OR INDUSTRY Own Home
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V	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	WE	LAST
J	John	Smith		Emma		Unknown
Ė	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	JRITY NO	(Grand Daught	ter-in-lâw)ESS	
1	No N/A		218	Barbara E. Fo		s #13
	PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and (b) BY: TE CAUSE (a)	000	ulnn ar	rest	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
1	IMMEDIAI	DUE TO, OR AS A CONSEQUE	TNICEOF			
	Conditions, if ony, which	(b)	ENCE OF			
1	gave rise to immediate cause (a), stating the		OF STREET			
1	underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF			
	PART 2 OTHER SIGNIFICANT O		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1 a
	196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING					
7	5 196. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED 'ING CAUSES OF DEATH?
	RITE				YES NO YES	NO 🗆
À	00.00.00.00.00.00		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
	ME EITHER NOTIFY MEDICAL EXAMINER	P.M.	19			
	OKCONINIBUTING CAUSE OF DEA	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a 1 certify that (1) (this hospi	G I LI	6	18 19 17	, to ment 1	9, that (It (we) last
i	sow the deceased alive on above, (1) (we) (did) (did no	ot) view the body after death.		nd that in (my) (aur) apinion a	death accurred on the date and hour	and from the causes stated
	226 SIGNATURE	00		DEGREE		220 DATE SIGNED
	VIL	- Steven	Mi	D, ATTENDING D	MEDICAL STAFF DIRECTOR PHYSICIAN	11/33/17
	22d. PHYSICIAN'S NAME (TYPE O	)R PRINT)		22e ADDRESS		
	Victor M. Play				Hwy., Arnold, Md	.21012
	230. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	Burial	Dec.3,1987 G16	en Hav	ven Memorial P	k Glen Burnie A.A	.Co.Maryland
	24 FUNERAL DIRECTOR	MAGAN ADDRESS			E REC'D. BY REGISTR	ARTSIGNATURE
	Singleton Funera	I Home, Glen Bur	nie,	Maryland	00110	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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DECENSION DEPARTMENT OF HEALTH AND ARMEN TO FEATH A		[_						OF MARYLAND			
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OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTEY MEDICAL EXAMINER)  214 INJURY OCCURRED  216 INJURY OCCURRED  217 INDURY MONTH DAY TEAM  P.M. 19  218 PLACE OF INJURY  (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  219 INDURY OCCURRED  220 I Certify that (1) (No control) attended the deceased from the causes stoted obove, (1) (we) (did) (did nat) view the bady after death.  220 I Certify that (1) (No control) attended the deceased from the causes stoted obove, (1) (we) (did) (did nat) view the bady after death.  221 I SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  222 ADDRESS  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN MILE  223 BURIAL, CREMATION, REMOVAL 133 DATE  (SPECEY)  BP  236 BURIAL, CREMATION, REMOVAL 133 DATE  (SPECEY)  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  226 ADDRESS  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  227 ADDRESS  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	T to the total	RT	A SCHOOL WAS INDO	TOLVENIC TO	ALL TIME O	E INTITION		11. HOW BUILDY OCCUP			
220. I certify that (1) (these and) attended the deceased fram 19 , 19 , to 0 3 4 , 19 , that (1) (these and hour and from the causes stoted obove, (1) (we) (idid) (idid nat) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSIC			OR CONTRIBUTING C	AUSE OF DEATH			AY YEAR	ZIL HOW INJURY OCCUR	(ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TORPA	ART 2)
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24 FUNERAL DIRECTOR 250 DATE: REGISTRAR 256-REGISTRAR'S SIGNATURE	T E F N Y Z			REMOVAL					CITY OR TOWN 7	COUNTY	NATIALE
	BP	24 5			Oct. 26	1987 G	len H	aven Mem. Par			
James S. Kirkley, Glen Burnie, MD   UU Z U 187	DHMH - 16 50M 1/B1 (VRA 15, 4)		NAME .1amac	S Kir	klev	Glen Hin	nie		26 1007	11:0 po 0	

FOR

REGISTRAR

- STATE

(VRA 15, 4)

12b. KIND OF BUSINESS OR "Seafood 34852 APRESS CHIP ESSEE 20765 Evelyn Deale Margaret Gaug Galesville, Md 20765 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) CITY OR TOWN and that it my (our) opinion death accurred on the date and hour and from the causes stated 77: DATE SIGNED ATTENDING MEDICAL STAFF venerale Road West River 23r NAME OF CEMETERY OR CREMATORY 23s BURIAL CREMATION REMOVAL 238 DATE Burial 11 - 6 - 87Quaker Cemetery Galesville 250. DATE REC'D. BY REGISTRAN 256. PEGISTRANS DIGNATIVE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 T.A. Hardesty Annapolis Md. 21401

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

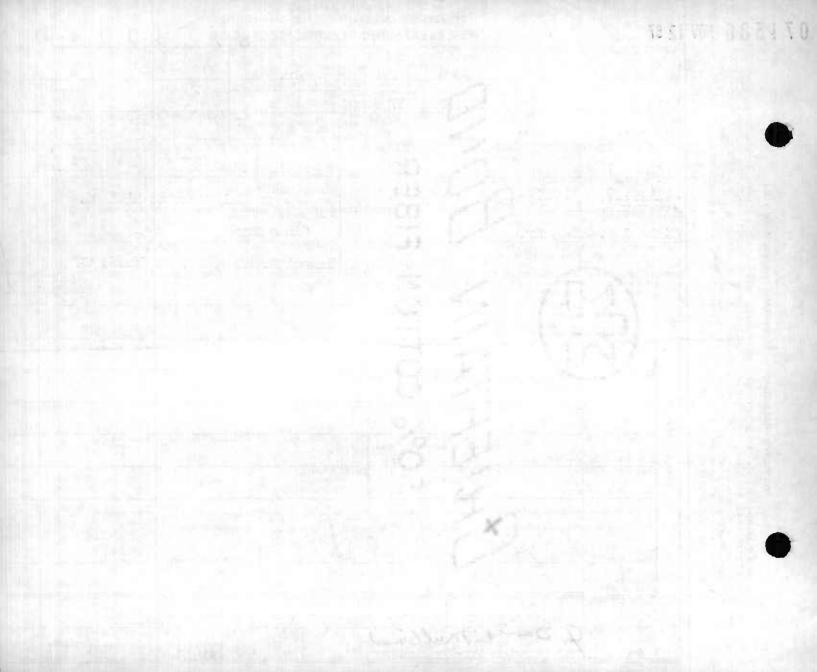
2h HOUR

IF UNDER 24 HR

IF UNDER 1 YEAR

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NA.	I S NECESSARY, PLEASE HEFUNERAL DIRECTOR. GE & FOR YOUR FILES. LED, WITHIN 72 HOURS ON W. PRESTON STREET,		rginia		USA			WIDOV			Anne Ar				MD	
	AY IS NE AGE & FILED	10 0	CITY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, N	VE STREET ADDRESS)	E, OR OTH	HER INSTITUTION		OCCUPATION OF WORKING LIFE		0	126 KIND OF BUSINESS OR INDUSTRY		
			Annapol		Anne	e Aruno	del Gene		Hospital	Stud	of working life ent		Education			
910	ND 3 TO ETAIN OULD IN	Z 130.	rginia rginia	(IF IN NURSING HOME 13) COUI St		13c. C	TE BEFORE ADMISS ITY OR TOWN Lafford	ON}	13d INSIDE CITY LIMITS?	13e STREET 221	address Tackett	s Mil	Mill Rd.99999			
9	Funda A	19.1	ATHER'S NAMI		MIDDLE	4=48	LAST		15. MOTHER'S MAID	ENNAME	MIDDLE			LAST		
	<b>建筑型艺术</b>	Mi	chael B	. Bibb,			that		Linda	Byrd	JW 1000gg			CASI		
1	HA CONT	160	WAS DECEASE	DEVER IN U.S. AF	RMED FORCES?	16b. S	OCIAL SECURIT	Y NO.	17 INFORMANT		ADD	,,				
	张 题:		No	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22	7-06-62	38	Michael B.	Bibb,	Sr. St	affor	d, W	Ä		
	18 36		IN CAUSE C	F DEATH (Enter o	nly one couse pe	er line for (a),	(b), and (c).)	1	IBAN S				BETY	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH	
1	THIN 24 HO CIL IN ITEM JER ALONG AL HYGIENE REMOVAL		PART   DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Seizure disorder													
/	WOW HAND		Canditio	ns, if any, which		O, OR AS A C	ONSEQUENCE	OF								
/ 8	RAN TAIL		gave ri	se ta immediat	e / (b)_											
3	HOULD BE EXECUTED WITHIN TRO-PRENDING, IN PENCIL IN INTERPORTED IN THE MEDICAL EXAMINER ALL USED AS A BURIAL-TRANSIT OF HEALTH AND MENTAL HY SHIPLING OR REMOVED IN THE MEMORY OF THE MEMORY		lying car	) stoting the <u>under</u> use last.	DUETO	O, OR AS A C	ONSEQUENCE	OF					40			
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	STAND THE STAND		UNDERLYING	OR OR		P.M.		2								
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ž	WRITING WRITING WRITING WARE 3 ARE DATE DATE DATE DATE DATE DATE DATE DAT	X	WHILE AT WORK	NOT WHILE	STREE	T, FACTORY, FARA	A, ETC.)	1	STREET	Сп	Y OR TOWN	(	OUNTY		STATE	
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	AND A SHA		death result		prol causes 🔀	Ancide	M. Ca	icide _	A Homicide		ned manner [					
-	XXA ERTERT WITE WITE			/ Kin	150	- 01	Dal	K-1	TITLE (SPECIFY)							
	ALE W. H.		SIGNATURE,	MARI	NX 1	. 40	they	T IN	Assistar	t_MEDICAL	LEXAMINER	DAT		11/2	/87	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL  TO MEDICAL EXPINICATE, WRITING THE WORD "P  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED  AFTER DEATH, WITH THE STATE DEPARTMENT OF H  BALTIMORE, MARYLAND, 21201 PRIOR TO BE REAL	4	EXAMINER'S (TYPE OR PRI	NAME Ma	rio F. (	Golle,	jr, M.	).	ADDRESS	Penn :	St	Ba	lto,	MD.		
00	BATOPETO -	23a.	BURIAL, CREMA	TION, REMOVAL	236 DATE	23	c. NAME OF CE	METERY C		23d. LOCAT	ION		YTHUC	STA	16	
96	BPS	Bu	rial		11/4/19	87 S	tafford	Memo	orial Park	Staff	ord, V			517	(AE	
25M	DHMH - 17	24.	FUNERAL DIRECT	TOR CL. I	) and	DRESMA	llin	)	250. DATE	REC'D. BY REC	GISTRAR 25b.	REGISTRAR'S	SIGNAT	URE		
	(VR A15 ME (5))	M	llins F	uneral S	ervice	Freder	icksbur	g, V	A JOV	10 19	87.	a Davido	an-Na	- Indian		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) SCAR 5 4 RACE IF UNDER 1 YEAR 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 24 22 Th CITIZEN OF WHAT COUNTRY? A RIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN roundel DIVORCED [ SAble of Con't. ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION len Burnie 13o. STATE 13e.STREET ADDRESS / ZIP CODE Warw NOT 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDOLE Margar SCAR ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) Adelia G. Blair, Same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ancer Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. -renA PART 2 OTHER SIGNIFICANT CONDITIONS NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION adneys Necrosis IN 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 27% I certify that (Leffin haspital) attended the deceased from 87 and that incliny) (aur) apinion death accurred an the date and hour and from the causes stated did not view the body after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22 HYSICIAM'S NAME (TYPE COMPANY 22e ADDRESS orre s shoul 0 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION 23b DATE Cremation Security Process, Inc. Catonsville Baltimore 250. REGISTAR'S SIC 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 James S. Kirkley, Glen Burnie, MD (VRA 15, 4)

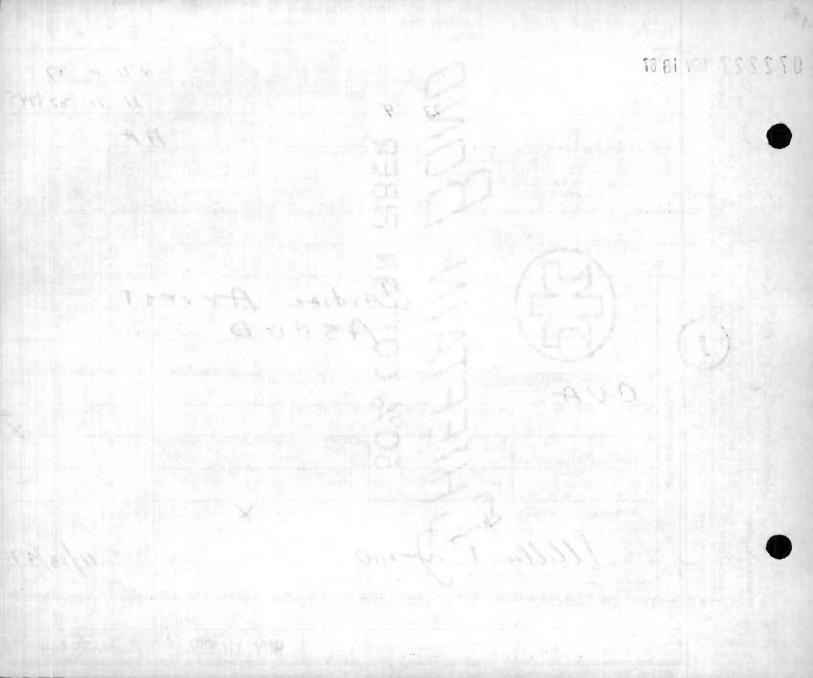
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE . STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME LAST 26 DATE OF DEATH MONTH MIDDLE 26 HOUR **HERMAN** NOVEMBER 18,1987 10:45P ... BLUMENTHAL IF UNDER 1 YEAR 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS DECEMBER 125.1903 CAUCASIAN MALE 83 TO BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED MARYLAND U.S.A. ANNE ARUNDEL COUNTY WIDOWED DIVORCED [] III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a LISUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY ANNAPOLIS ANNAPOLIS CONVALESCENT HOME PRESIDENT INSURANCE CO. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
136. COUNTY
137. CITY OR TOWN (21208)13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 7211 PARK HTS. AVE., APT. 204 YES [ NO [ 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE JENNIE LEIBOWITZ C. HARRY BLUMENTHAL 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. ADDRESS 21404 I HINTOR WANT (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST P.O. BOX 868 ANNAPOLIS, MD 216-16-4856 BLUMENTHAL NO 18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN BIART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? NO NO [ sho 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY ITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 1704 certify that (1) (this hospital) attended the deceased from ow the deceased alive on but in (my) (cor) opinion death accurred on the date and hour and from the causes stated obove (t) (we) (did) (did not) view the body ofter death DEGREE 22r. DATE SIGNED ATTENDING \ MEDICAL STAFF should be deto FUNERAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT. 72e ADDRESS 0 OWINGS MILLS BALTO. MD 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 SOL LEVINSON & BROS. INC. (VRA 15, 4) 6010 REISTERSTOWN RD. BALTO, MD 21215

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR BOB ASED NAME 20 DATE KNOWN MONTH 2b HOUR ESTI-(NMN) Jr. Walter Borowski DEATH MATED 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 9:50 LAST BIRTHDAY) PRONOUNCED 04 03 38YRS Male White 49 DEAD a. M To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGNOUTRY) USA Anne Arundel County, WIDOWED [ DIVORCED -10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Rt. 170 north of Dorsey Road Investigator Co. WMTA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 21144 136 COUNTY 13c STATI 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 138130 Telegraph Road Anne Arunde! Severn YES . 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Walter Bessie Borowski, Schwartz 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) HEYES GIVE WAR OR DATE 054-42-2580 NO Wilhelmena Borowski Same as 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries MAMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF TO BURL YES XX NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 9: 40KK 11-11 1987 driver ejected in auto/auto impact 21e PLACE OF INJURY (AT HOME, 21f LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK Rt. 170 north of Dorsey Rd., Anne Arundel Co., road PAGE 4 SHOULD BE TO FUNERAL DIRECTOR: PI AFTER DEATH, WITH THE ST HALLIMORE, MARYDAND, Maryland Autopsy XX 220. I certify that I took charge of the remains described above, held on Inspection Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 11-12-87 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION Cremation 11-16-87 Security Process Baltimore. Balto. MD 07/84 25M Frederick Road 250. DATE REC'D. BY 24 FUNERAL DIRECTOR 21228 256 REGISTRAR'S SIGNATURE **DHMH - 17** MacNabb Funeral Home, Catonsville, MD (VR A15 ME (5))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN Roland Boteler, Sr. DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR YOUR LAST BIRTHDAY) PRONOUNCED White Male DEAD AND 3 TO THE FUNERAL RETAIN PAGE 5 FOR Y TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED V DIVORCED Ferndale HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Brooklyn Park 221 Southerly Road Retired-Machinist Koppers 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 55 21225 Md. YES Southerly Rd Brooklyn Pk 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Joseph Brantley Boteler Lessie Dorney 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADESCondido, CA 92025 DIVISION Yes, NO, OR UNKNOWN) ( HE YES GIVE WAR OR DATES) 216-16-2900 Roland Boteler, Jr., 1481 Autumn Woods CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES NO S TO MEDICAL EXAMINER: THIS CETTIF OF EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BAFTER DEATH, WITH THE STATE DEPARTMENT BALLTIMORE, MARYLAND, 21201 PRIOR TO B 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY 22e. I certify that I took charge of the remaigs described above, held on Inspection ond in my opinion Homicide Undetermined monner TITLE (SPECIFY) EXAMINER'S NAME . Jones. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Glen Haven Mem. Park Glen Burnie Nov. 14,1987 MD 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** James S. Kirkley, Glen Burnie, MD (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 20. DATE OF DEATH 7b. HOUR (TYPE OR PRINT) RUTH BOYER REED NOVEMBER 13, 1987 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR DAY Female White November 23. 1922 To. BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY Maryland U.S.A. WIDOWED A DIVORCED [ II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GLEN BURNIE Homemaker Own Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 213 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY 113d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Maryland Anne Arundel Severn 912 Reece Road 21144 YES [ 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Harry E. Krebs Elsie Reed ADDRESS 8 Wilson Blvd. S.W. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (son) HE YES, GIVE WAR OR DATES! Glen Burnie, Md. 21061 No 214-16-5117 Mr. David C. Boyer APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ANCER IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 190 DATE OF OPERATION 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 216. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTHY MEDICAL EXAMINER P.M 71d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION 5 COUNTY CITY OR TOWN STATE AT HOME. STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from\_ sow the deceased alive on\_ , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 77h SIGNATU DEGREE STAFF ATTENDING MEDICAL be deta e State PHYSICIAN - DIRECTOR PHYSICIAN MPORTANT 776 PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS 7422 BALTIMORE-ANNAPOLIS BLVD should be with the S GLEN BURNIE, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 230. BURIAL, CREMATION, REMOVAL GlenorBurnie, A.A. Nov. 17, 1987 Glen Haven Memorial Maryland Burial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1 Second Ave. S. W. DHMH - 16 50M 1/81 Glen Burnie, Maryland (VRA 15, 4) Funeral Home Dividen Pa

SUSA DUE THERESA BRADD M-11-37 1000FA 18 E | TT | 12 B7

DHMH - 16 60M 7/84 (VRA 15, 4)

ORT

11-28-87 23b DATE 11-28-87 SEVERNA PARK, MD.

22d PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

GERALD CHURCH, M.D.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STAFF

ATTENDING

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

White Chapel Gardens

MEDICAL

8 Evergreen Road

PHYSICIAN DIRECTOR PHYSICIAN

Severna Park, Md. 21146

Julia Divider Randals

Feasterville, Bucks, PA

EST

26 HOUR 12:30

126. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

Bakery

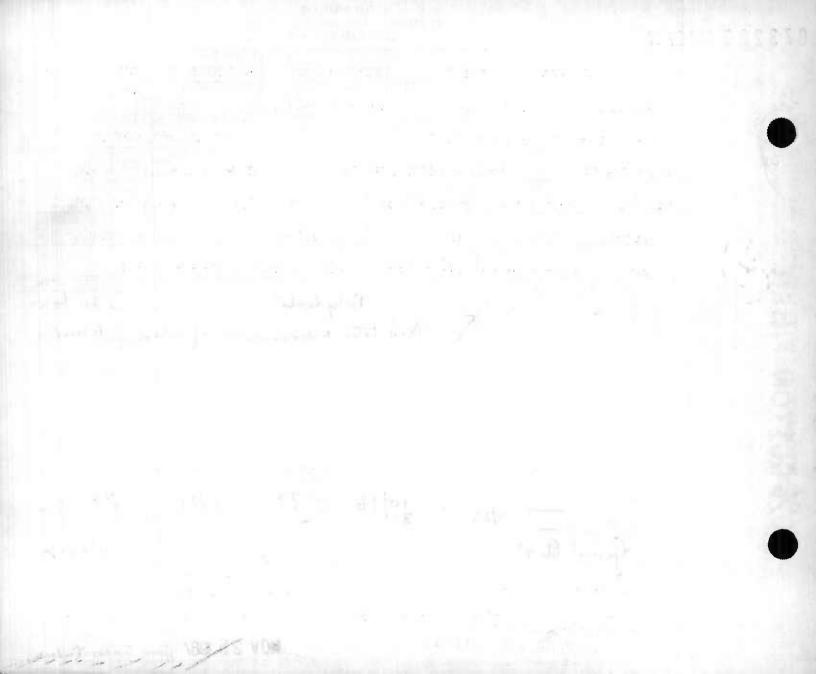
Szubor

COUNTY

22c DATE SIGNED

STATE

APPROXIMATE INTERVAL



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE NOV 23 87 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2a. DATE OF DEATH YEAR 2b. HOUR 1. DECEASED NAME MONTH DAY rector, page 3 [TYPE OR PRINT] BRIDGERS NOVEMBER 16 .1987 MARGARET MARY 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 06 11 3 81 White Female dir. 70. BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED North Carolina USA ANNE ARUNDEL COUNTY WIDOWED DIVORCED [ IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 176. KIND OF BUSINESS OR NORTH ARUNDEL HOSPITAL Housewife INDUSTRY GLEN BURNIE PRESTON ST., BALTIMORE, MARYLAND 21204 SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136. COUNTY 13c, CITY OR TOWN 136. INSIDE CITY LIMITS? 3920 Callawassee Rd. 21106 0 Md. Mayo Arundel YES [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Hill Marry Alma" Mott W. Ernest ADDRESS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. medica (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Irving H. Bridgers, Sr. same as 246076737 No the APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO ö DUE TO, OR AS A CONSCOUENCE OF emotion, Conditions, if ony, which gove rise to immediate other couse (o), stating DUE TO, OR AS A CONSEQUENCE OF 3 underlying couse lost 20 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, IFICATION 0 any 190. DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTIFYING CAUSES OF DEATH? hos ber NO [] NO the buriol-transit pond Mental Hygier sho offending physicia 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY ò COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) marked NOT WHILE AI WORK Heolth o 22a.1 certify that (1) (this hospital) attended the deceased from sow the decepsed plive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (wa) (stid) (did not) view the body ofter death, DIRECT toched bebt. 226 SIGNATURE DEGREE 22c. DATE SIGNED -ATTENDING MEDICAL STAFF FUNERAL Ould be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 226 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS BALTIMORE & ANNAPOLIS BLVD shaut with the SEVERNA PARK, MARYLAND 21146 MISTAFA 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE (SPECIFY) /19/87 Davidsonville A.A. Hillcrest Cemetery Burial 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) Hardesty Funeral Home, Annapolis, Md.

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STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 2 07 HINT) 0. DATE KNOWN X ESTI-**BROOKUS** 87 XAVIER J. DEATH MATED 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS 2c DATE PRONOUNCED Male White Jan. 28, 1904 83 DEAD 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Pennsylvania Anne Arundel County WIDOWED . DIVORCED CITY OR TOWN OF DEATH 174 USUAL OCCUPATION STYPE OF WORK 174 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE)
Butcher Self Anne Arundel General Hospital Annapolis HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 520 Church Rd. 36 COUNTY 13c. CITY OR TOWN Luzerne 1870 Mountaintop M. EATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MountaintoppePA 18707 16b. SOCIAL SECURITY NO 17. INFORMANT (YES NO, OR UNKNOWN) Leo Brookus, 66 Woodlawn Ave. Unknown 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARFI, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chest injuries complicating hypertensive arteriosclerotic PDEXOCIENTEXOCRETEXOCICA cardiovascular disease Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to E 3 SHOULD BE USED A E DEPARTMENT OF HEA DI PRIOR TO BURIAL, C 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES IN NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING AOR Subject slipped while in shower. 11-2-CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED LXECUTE THE CERTIFICATE, WRITING POGE 4 SHOULD BE DRIWARDED TO FUNERAL DIRECTO: PAGE 3. AFTER DEAH, THE STATE DE BALTIMORE, MARKAN, 27201 P STREET, FACTORY, FARM, ETC.) 3635 Branum Rd., Edgewater, Anne Arundel, MDF WHILE AT WORK home and the remains described above, held on Inspection and in my apinion Hamicide 1 death resulted from Undetermined manner TITLE (SPECIFY) 11 - 9 - 87ACTUAL DATE Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Balto., MD Charles P. Kokes, M.D. 23d. LOCATION 230.BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Nov.12,1987 Burial Calvary Butler Twnp., Luzerne, PA 250. DALE REC'D. BY REGISTRAR 235 REGISTRAD SSIGNATURA ROBERT RECOR ALTENBURG FUNERAL HOME, INC. DHMH - 17 6009 Harford Rd., Baltimore, Md. (VR A15 ME (5))

			1		STATE OF MARYLAND
				1.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
7	10	S O MOV	16	87	REGISTRAR CERTIFICATE OF DEATH & REG. NO.
-	1.0	0 0 1101			CEASED NAME ERST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
	4	800		1	Joe Wheeler Drown November 1, 1981 415 M
	940	0.3		1. SE	4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IT UNDER 24 HRS
	- 8	900		0	11all White Valu 2, 1905 82 YRS.
	5	100	95	7n. 81	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
1		10	0	V	WIDOWED DIVORCED HONE Trundel MD.
	21	110	1	10 CI	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 128. KIND OF BUSINESS OR THE PROPERTY OF WORKING LIEE) INDUSTRY DEPOY WORKING LIEE) INDUSTRY
102	07	100	0	F	Jarusse   Brashears Nursing Home, Ket, Mumber Covernment
212	1 2	t pe	5	13a. S	TATE 13 COUNTY 136 CITY OR TOWN 134 INSIDE CITY LIMITS? 13 STREET ADDRESS / ZIP COPE 21637
AND	7	110	0	1	mb HA Edgewater YES I NOX 405 Silver Kun Road
RYL	É	12 4	2	14. FA	THER'S MANE  15. MOTHER'S MAIDEN NAME  FIRST MIDDLE LAST
AA	1.00	60	0		John Peter Brown Ida J. Teel
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	DHA	AH - 16 50M 4/8	83	24. 5	UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
	Drive	(VRA 15, 4)	-	To	Cullar Funeral Charel Annapolis mi) NOV 13 1987 Julia Dividen Pendas

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (THEOR PRINT) 20 DATE KNOWN TO MONTH Brown OF ESTI-XXXX DEATH MATED DATE OF BIRTH 3 SEX AGE (IN YEARS IF UNDER 24 HRS 2c. DATE DAY 2d. HOUR LAST BIRTHDAY) PRONOUNCED 2050 29 26 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY! ANNE ARUNDEL Pennsylvania DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Deputy Sheriff (IF NOT IN SUCH ANNE ARUNDEL GENERAL P.G. County 30 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST EIRST Alice Gill Kenneth Brown, Sr. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMAN 11250 Westport Drive YES, NO, OR UNKNOWN) 167-22-4706 YES Bowie, Maryland Suzanne K. Brown 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), age APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF 5. C. VI Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last ED AS A BU HEALTH AN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] ARDED TO THE CAGE 3 SHOULD BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWAR
TO FUNERAL DIRECTOR: PAGAFTER DEATH, WITH THE STATE
BALTIMORE, MARYLAND, 2120 220. I certify that I took charge of the remains described above, held on Autapsy and in my opinion Natural causes Homicide Undetermined manner Suicide EXAMINER'S NAME WILLIAM P. JONES, M.D. ADDRESS 695 America Ct. 21035 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Parklawn Memorial Park Rockville, Montgomery, MD 07/84 25M 24 FUNERAL DIRECTO 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Annapolis Road DHMH - 17 when Devideon For (VR A15 ME (5)) Maryland Home

172810 11 20 81 A - 2 4 6 7 6 -C4- E1-11-15-15 (Francis III. 4 - M. March (Francis atheritate salte allali care a co ( Ardine Avrest

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GLEM BURNIH MARTH AGGREGA HOSPITAL

TASANT E. MANDELINE, M.D. CLEV BURTE, VARIABLE AND TORY LESS.

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135	M		OR OTHER INSTITUTION UNITY		Burnie	134. INSIDE CITY LIMI YES NO		STREET ADDRESS 08 Martha	Road		21061
620		THER'S NAME Charles	WIDDLE		tis	15. MOTHER'S MAIDI Genti		MIDDLE			olby
14		AS DECEASED EVER IN U.S. (IF YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)		SECURITY NO. 19-9462	Curtic A	Cada	arette, 70		thicur	
law requires that he de-	FICATION	Canditians, if any, which gave rise to immediate cause Ia), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION	T CONDITIONS C	ONTRIBUTING	, 40	NOT RELATED TO THE	-0-	200 AUTOPSY?	206. IF YES, IN CERTIFY	, WERE FIND	PINGS USED
certificate transfer and transf	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETIMER NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE CONTRIBU	DEATH HOUR A	OF INJURY .M. MONTH .M. OF INJURY	DAY YEAR	21c. HOW INJURY O		YES NO		ART I GR PART 2)	но 🗍
# # po p	ME	MHILE NOT WHILE AT WORK			FFICE, FARM, ETC )	STREET		CITY OR TO	VN	COUNTY	STATE
The hospital or LORECTOR, Al- risched for use or E Dept. of Health If News 21 is ma		220. I certify that (I) (this had saw the deceased alive above, (I) Weldid) (did 22b. SIGNATURE	an 1 ( ) 6		19 57,01	nd that in (my) (ober) ap	INCS AN	ta			, that (I) (we) last ne causes stated TE SIGNED
FUNERA MOSPITA FUNERA MIG De de CATANTA CONTANTA		224. PHYSICIAN'S NAME (TYP	PE OR PRINT)	<u> </u>		22e ADDRESS	95/ AQ	UAHART RO	AD, SU	JITE 2	03
TO FUN Medid b		ROBERT B. K		, M.D.				, MARYLAN	D 210	061	
P		URIAL, CREMATION, REMOV. SPECIFY) Burial	NOV.	10,87		emetery or cremated of Cemeter		Baltimore	9	COUNTY	STATE MD
OHMH - 16 50M 1/81 (VRA 15, 4)	24 F1	James S.	Kirkley,	Glen	Burnie,	MD 2	NOV RE	C'D BY REGISTRAR	PSB REGISTI	RAR'S SIGN	indian :

ATAKAD JEBNIKA SAKA

NORTH ARBRIDEL HOSPITAL GLEN BURNIE

RODGET E. IRROPFICE, M.D. GLEW BURNIE, HAWKLAND 21061

## REG. NO DECEASED NAME 20. DATE OF DEATH William Dav Carr Sr. November 4. RACE 3 SEX DATE OF BIRTH MONTH Male White 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED | NEVER MARRIED WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME MIDDLE ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO (YES, NO DRUNKNOWN) I IF YES, GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOIL 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER P.M 19 21L LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM, ETC 1 STREET WHILE NOT WHILE AL WORK 220.1 certify that (1) (this haspital) attended the deceased from, sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS old t

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

231. NAME OF CEMETERY

DHMH - 16 60M 7/84 (VRA 15, 4)

0

Hardesty Annapolis Md. 21401

23b. DATE

230 BURIAL REMATION, REMOVAL

24. FUNERAL DIRECTOR

MONTH

2h HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

20b. IF YES, WERE FINDINGS USED

YES T

IN CERTIFYING CAUSES OF DEATH?

IF UNDER 24 HRS

REGISTRAR'S SIGNATURE

22c DATE SIGNED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 073066 MDV 25 17 ISTRAR 20 DATE KNOWN X MONTH 26 HOUR CTYPE LINCHWAYS ESTI-Violet C. Coread DEATH MATED DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED July 31,1920 67 rRS DEAD 1957 Female Caucasian noon 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) ANNE ARUNDEL County, United States DIVORCED Pennsylvania WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY NORTH ARUNDEL HOSPITAL Housewife Own Home SUAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Pennsylvania Blair RD #2. Altoona Box 282 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Greiner Annabelle Frank Mutzabaugh 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 173-14-0208 Earl E. Conrad same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CUD Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY TATHOME. 211 LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY GE 4 SHOULE PUNERAL DIRECTOR: P TER DEATH, WITH THE ST THER DEATH, WITH THE ST Inspection 220 I certify that I took charge of the remains described above, held an Autopsy death resulted from Natural causes Accident Suicide Homicide \_\_\_ Undetermined manner MEDICAL EXAMINER Annapolis Ct. 2103 Maryland EXAMINER'S NAME TILLTAM P 695 America Ct. M.D JONES ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Nov. COUNTY (SPECIFY) Burial 25, 1987 Calvary Cemetery Altoona Pennsylvania Puneral DIRECTOR Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Thc. 7557 Wisconsin Ave. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAT (VR A15 ME (51) Bethesda, Maryland

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						STATE OF MARYLAND		
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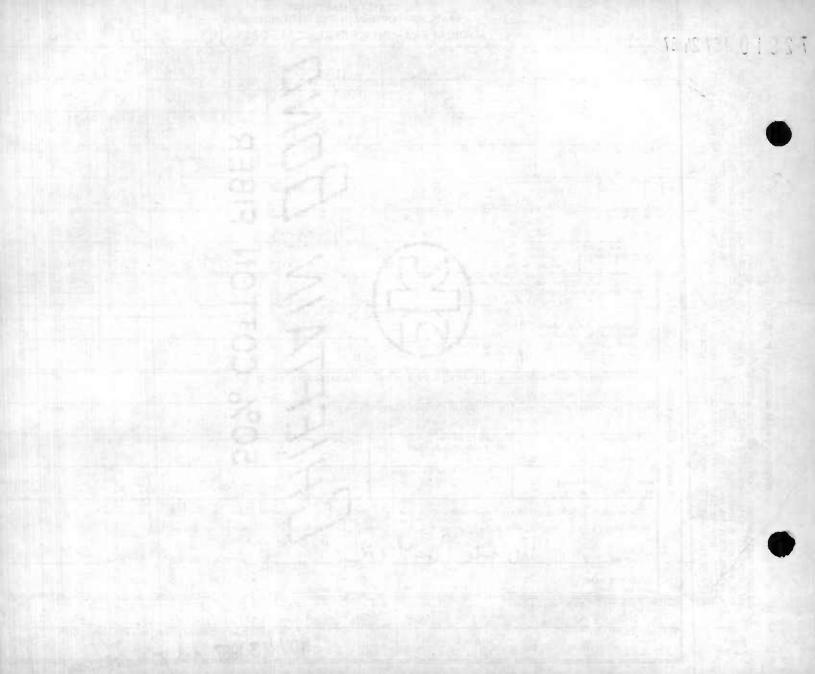
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OR: Aft	ZI is morked		22a.1 certify that (1) (this saw the deceased a above, (1) (we) (did)				nd that in (my) (our) apinion	death accurred on the dat	te and hour and from t	, that (I) (we) la	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH C7 REGISTRAR DECEASED NAME MIDDLE KNOWN X MONTH YEAR (TYPE OR PRINT) OF ESTI-DEATH MATED GRACE CORY 11-18-87 4. RACE 5. DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE MONTH YEAR (AST BIRTHDAY) PRONOUNCED 11-18-87 2:15p DEAD Penale White YRS To BIRTHPLACE ISTATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Anne Arundel County USA DIVORCED -Texas WIDOWED . 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING (IFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) US Gov'I 7501 Furnace Br. Rd. Nurse Glen Burnie ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 611 Eliot Rd. Pasadena, Anne Arundel Pasadena 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Melita Horney eslev Acclure John 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) Miot Rd. Pasadena, MD Ross Cory 611 161-22-962 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shotoun wound of neck DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in ED AS A HEALTH CERTIFICATION E 3 SHOULD BE USED FOR BE DEPARTMENT OF HEAD 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY CATHOME. 211 LOCATION 21d INJURY OCCURRED parking Tot 7501 Furnace Br. Rd. anne Arundel Co. Md. WHILE AT WORK ACCUTE THE CERTIFICATE, WR AGE 4 SHOULD BE FORWAR O FUNERAL DIRECTOR: PAGE FIER DEATH, WITH THE STATE (LTMORE, MARNIANE) 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion Hamicide X death resulted from: Natural causes Accident Suicide Undetermined manner IITLE (SPECIFY) Assistant 11-19-87 ACTUAL DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 0 230 BURIAL, CREMATION, REMOVAL 236 DATE 13r NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE SPECIFY) Burial Olive Branch Cemetery Miller Co. Arkansas 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** McCully Funeral Home Pasadena, MD 21122 (VR A15 ME (5))



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH ECEASED NAME 2h HOUR (TYPE OR PRINT) **EVELYN** CRATG Maybel1 1987 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS SEX HOURS MONTH YEAR FEMALE White December 23 1921 To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) U.S.A. Georgia WIDOWED DIVORCED [ Anne Arundel IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GLEN BURNIE Homemaker Dwn Home MORTH ARHNDEL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 134. INSIDE CITY LIAUTS? 13e STREET ADDRESS YES [ MARYT ANT ANNE ADITAIN DACADENIA 21122 15. MOTHER'S MAIDEN NAMEL L.C. 4 FATHER'S NAME MIDDLE LAST MIDDLE LAST William Robert Gray Hattie Mayberry 17 INFORMAN(Daughter) ADDRESS Ing. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Mrs. Sue E. Littleton Salisbury, Md 2 (IF YES, GIVE WAR OR DATES) N/A 259.01.1329 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ON AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 201 PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOT NO [ 218. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTHEY MEDICAL EXAMINER) 214 IN IURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE NOT WHILE May 220.1 certify that ( (this haspital) attended the deceased fram\_ saw the deceased glive an Market 2 4' abave, (1) (we) (did) (did nat) view the body after death and that in (my) apinian death occurred an the date and how and from the causes stated 226. SIGNATUR DEGREE 22r. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN M DIRECTOR PHYSICIAN 22e ADDRESS 224. PHYSICIAN'S NAME (TYPE OF PRINT) DR JERRY SKARBEK M.D. 3708 MOUNTAIN ROAD PASADENIA MD 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 1987Cedar Hill Cemetery Brooklyn Park A.A. Co 260 DATE PACTO HOS TSTRAP 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 Home, Glen Burnie, Md. (VRA 15, 4)

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH 2h HOUR (TYPE OR PRINTI r death RAYMOND CRONHARDT N NOVEMBER 04, 1987 752 PM 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS November 9, 1902 Male Caucasian 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY Inited States Marvland WIDO WED [ DIVORCED [ IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n LISTIAL OCCUPATION 12b. KIND OF BUSINESS OR NORTH ARUNDEL HOSPITAL ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY GLEN BURNTE Self Employed Photography LIBUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? Maryland 8260 Riverside Dr Anne Amindel Pasadena NO KK 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDOLE Raymond R. Cronhardt Mae Nickle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS BALTIMORE, 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Vivian J. Deters 6983 Same as 13a-e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), /b1, and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A PONSEQUENCE OF underlying couse lost. PARTA, OTHER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CITYEN IN BART DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 100 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION the t CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obaye, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL STAFF should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME ITUPE OF PRINT 22e ADDRESS 273-F PENINSULA FARM ROAD ELMO GAYOSO M.D. ARNOLD MARYLAND 21012 0 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN MD Oaklawn Cemetery Baltimore Burial Nov 7.1987 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAY 256/REGISTRAY SAIGNATORE 3204 Mountain Rd. DHMH - 16 60M 7/84 (VRA 15, 4) oCully Funeral Pasadena. Maryland Homes

ANGEL AMENDING, COUNTY

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2n DATE OF DEATH 25 HOUR BERTHA S. DARNELL. NOVEMBER 13. 1987 0908 AM r deot IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) YEAR FEMALE CAUCASTAN 12 10 04 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY MARYLAND U.S.A. WIDOWED DIVORCED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY NORTH "ARUNDEL" HOSPITAL GLEN BURNIE HOUSEWIFE HOMEMAKER USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION A A Glen Burnie 13e STREET ADDRESS / ZIP CODE MARYLAND 313 Hospital Drive 21061 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE RICHARD SINES MINNIE SICKLE 17 INFORM@denton, Maryland 21113 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 32 6339 Isabelle Lapere 531 Prince Charles 18 CAUSE OF DEATH :Enter only one couse per line for (a), (b) and (c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUF TO OR AS A CONSEQUENCE OF underlying couse RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 216. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a L certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body offer death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS HOSPITAL DRIVE SUITE MPORT 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL 11/16/87 Restlawn Memorial Wake N.C. Raleigh 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Raymond C. Fink Glen Burnie, Md 21061 Julia Dividion Randall (VRA 15, 4)

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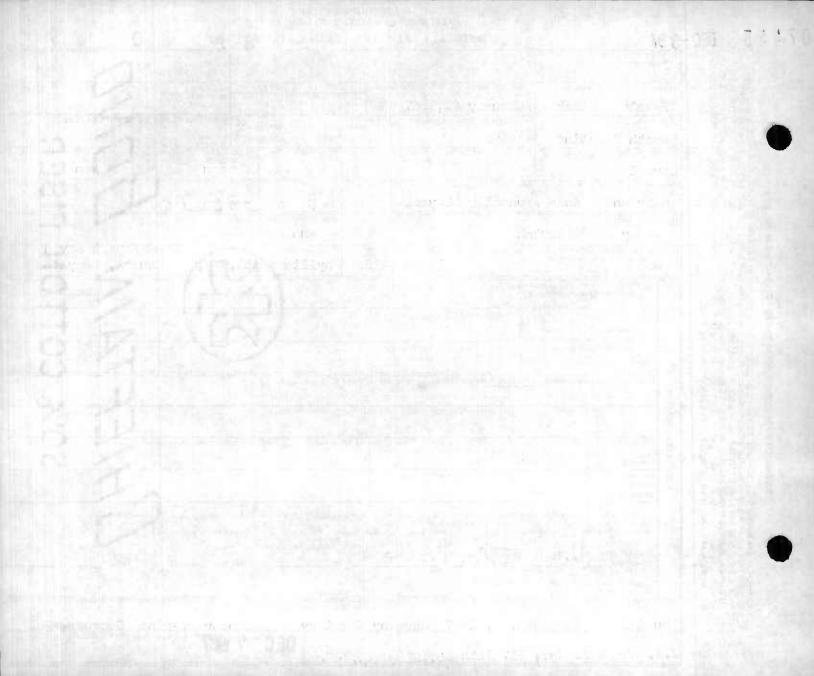
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		TO MEDICAL EXAMINER: THIS CERTIFICATE SHOW EXECUTE THE CERTIFICATE, WRITING THE WORD DEGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USI AFTER DEATH, WITH THE STATE DEPARTMENT OF BANTIMORE, MARYLAND, 21201 PRIOR TO BURIA	7	3a. BURIA	L, CREMATI	ON, REMOVAL		4400/		NAME OF	CEMETER				123d. LC	CATION					
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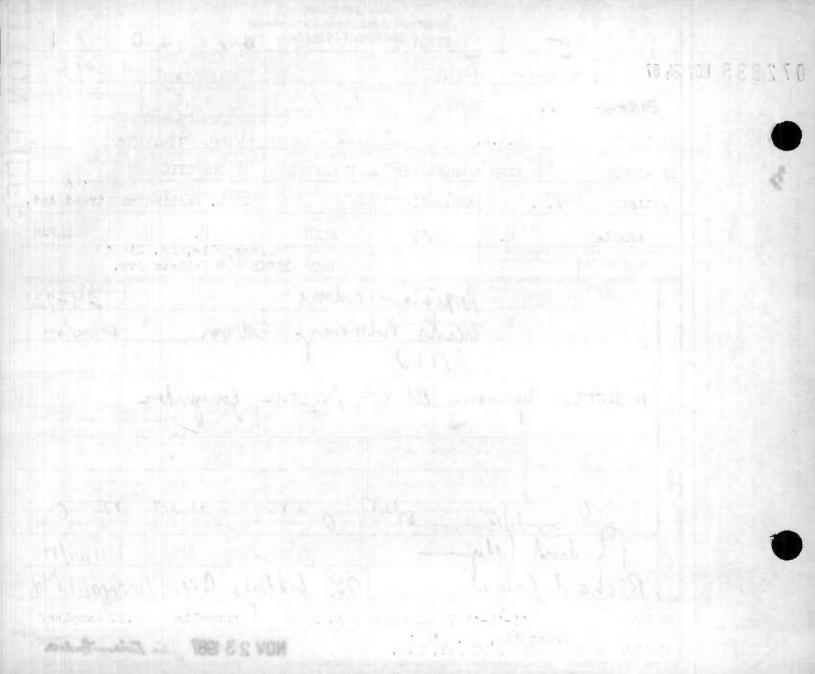
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 074456 DEC REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME 20 DATE KNOWN YEAR 2b HOUR (TYPE OR PRINT) ESTI-DEATH MATED XX 11-27 Patricia Deloatch 19 87 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 5 DATE OF BIRTH 3 SEX IF UNDER 24 HRS DATE 7:10 LAST BIRTHDAY) PRONOUNCED 19 87 Black February 22,1967 20gs Female DEAD a. M FUNERAL S FOR YC TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY North Carolina USA Anne Arundel County, WIDOWED | DIVORCED IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Laurel None Forest Haven-D.C. CHildren's Cntr USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d INSIDE CITY LIMITS? 13a STREET ADDRES Maryland Anne Arundel Laurel YES X 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST MIDDLE Annie Mae---Tommy Lee DeLoutch BALTIMORE. 17 INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS FORBST Haven (YES, NO, OR UNKNOWN) Phyllis Smith, 5/W. Laurel, Maryland 214 82 0215 DIVISIO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Seizure Disorder IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID USED AS A B CERTIFICATION Mental Retardation 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES X NO [ 3 SHOULD BE U 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21e PLACE OF INJURY (AT HOME. 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, FIC. I STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STY BALTIMORE, MARYLAND, 2 228. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Natural causes Homicide death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL 11-28-87 Assistant. SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a BURIAL CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Landover Prince Georges Md. Burial Dec. 3. 1987 Harmony Cemetery 07/84 BP 25M 24. FUNERAL DIRECTOR **DHMH - 17** W.W. Chambers Co.. 517 11th St. SF (VR A15 ME (5))

STATE OF MARYLAND



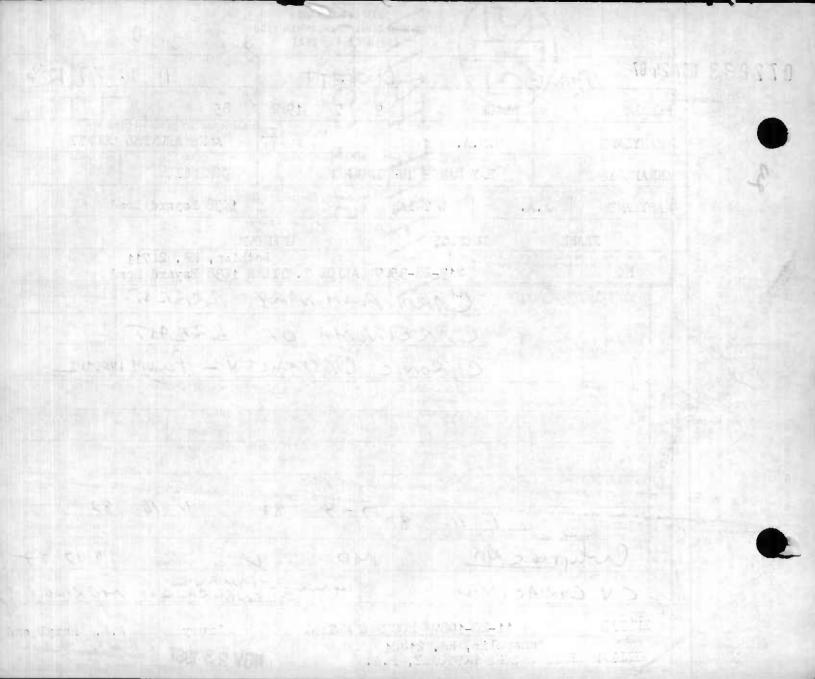
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DE ASED NAME 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) 10:10 A FREderici SR. 3. SEX AGE LIN YEARS LAST BIRTHDA IF UNDER I YEAR IF UNDER 24 HRS To BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED 12b. KIND OF BUSINESS OR 13a STATE 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO PRUNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 CERTIFICATION 19a. DATE OF OPERATION 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOR NO [ YES [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY OFFICE FARM ETC.) and that in (my) (our) ppinion death occurred on the date and hour and from the causes MINATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME TYPE OR PRINT 22e ADDRESS 23c. NAME OF GEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMOVAL 23b. DATE GISTRAR 25b. REGISTRAR'S DHMH - 16 60M 7/84 (VRA 15, 4)

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(VRA 15(4))

STATE OF MARYLAND



(VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 4 NOV 18	87	REGISTRAR	CERTIFICATE OF DEATH	8 7REG. NO. 3 0 9 7 3
71		CEASED NAME FIRST OR PRINT)	MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
softer deg	1.56	Male IIIh	5. DATE OF BIRTH  SOUTH DAY  YEAR  O 18 92	6. AGE (IN YEARS LAST BIRTHDAY) TUNDER 1 YEAR IS UNDER 24 HAS MONTHS DAYS HOURS MIN.
147	w	ishington, DC U	F WHAT COUNTRY? 8.  MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED F HOSPITAL, NURSING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNTY OF DEATH
100	A	AL RESIDENCE IF NURSING HOME OR OTHER INSTITUTE	2 Sturbridge Road	Retired-Exec. Estate
	Ln	THER'S NAME	136. INSIDE CITY LIMITS?  YES NO X  15. MOTHER'S MAIDEN NA	
dical dical	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES		n ADDRESS Same as
hysican or poper. For oval.		18 CAUSE OF DEATH Enter only one couse p PART I. DEATH WAS CAUSED BY:	577-38.5454 Carol H	Dunigan - #13  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rite ghending planers corbonic remarklib, or remarklib, serving	7	Canditians, if any, which gave rise to immediate	OR AS A CONSEQUENCE OF	el Truly glex
Then please to burief, m(ury, or of	NO	(c)_	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION GIVEN IN PART 110
Por proper	RIFFICAT	190 DATE OF OPERATION 196 CON	dition for which operation was performed	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \text{NO} \)  YES \( \text{NO} \)  YES \( \text{NO} \)
certificon unid mon	ICAL CERT	OR CONTRIBUTING CAUSE OF DEATH HOUR	A.M. MONTH DAY YEAR P.M. 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)
A the	MEDIC	AMILE NOT WHILE AT WORK	E OF INJURY STREET FACTORY, OFFICE, FARM, ETC.) 216 LOCATION STREET	CITY OR TOWN COUNTY STATE
ECTOR est for se pr. of Hea		220.1 certify that (I) (this hospital) attended saw the deceased alive on cabovii. (I) (ii) (did not) wew the ball (SENATURE)	y after death, 19 87 and that is (my) aur) opinion	death accurred an the date and have and from the couses stated
by the ERAL Di pe defoch Storte De ANT. If h		ZZE PHYSICIAN'S NAME (LIFE GRANNIS)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN   // // // // // // // // // // // // /
TO FUN thould the	73a.1	Richard I. Ho URIAL, CREMATION, REMOVAL 23B. DATE	chman To Muri	ay Aue Annapolis, mg/4
BP		remation Nov. 1.		SCHOOL PO MD
MH - 16 60M 7/84	1/			10V 1 3 1087 August Aug

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MIDDLE (TYPE OR PRINT) CHARLES DURNER NOVEMBER 06 1987 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX IF UNDER 24 HRS OFAR Male White In BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA Marvland ANNE ARUNDEL COUNTY WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY IORTH ARUNDEL HOSPITAL Clerk Ordin, Levo DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONING Rivera Beach. 130. STATE 1136 COUNTY 134. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET ADDRESS MD A.A. hivera Bch Bay Rd. NO M 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Henry Clara Durner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-14-6336 Matilda Grove same as shove 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ARDIORESPIRATO IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION SIDEROBLASTIC ANEHIA · ADRITIC STENIOSIS In DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED. 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? Mental Hygiene NO YES | sho 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (SE EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from\_ saw the deceased alive on 11-6-.. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 226 SIGNATUE DEGREE ATTENDING MEDICAL . PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 7845 OAKWOOD ROAD, SUITE 107 JOSE P. NEPOMUCENO MARYLAND 21061 GLEN BURNIE 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 73d LOCATION 23b. DATE (SPECIFY) CITY OF TOWN Baltimore burial Cathedral Cemeter 250. DATE REC'D. BY REGISTEAR 270. REGISTRAR SIGNAL BE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 McCullate Funeral Home Tasader Dates 21122

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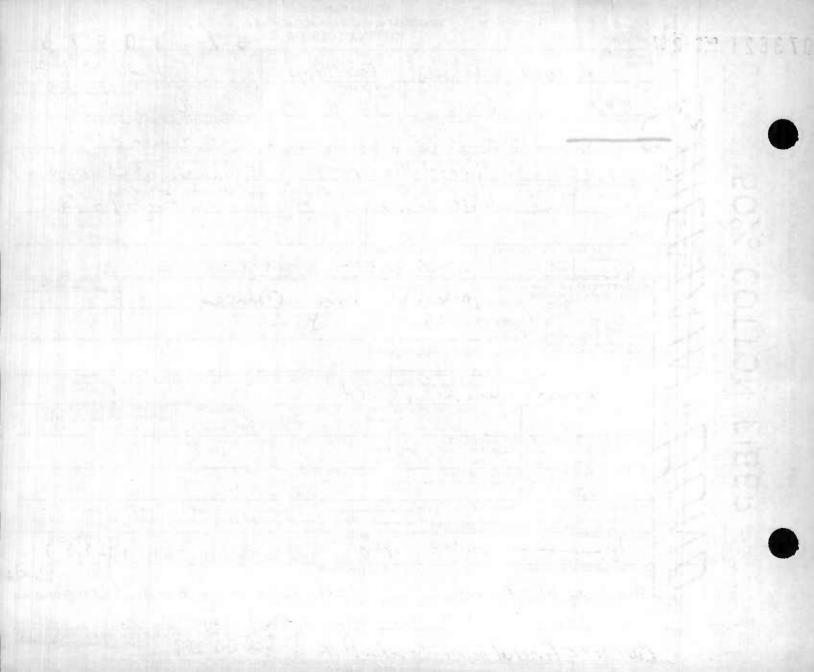
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	<b>JO</b> C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME OR OTHE	RINSTITUTION	128. USUAL OCCUPATION		ID OF BUSINESS OR
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ON S CO D		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES) 156 7	6-0220 ELI	ZABIETH E		VENSYILL	7//
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DIVISION OF VITAL RECORDS NG PHYSICIAN. The law requir attending physician the this certificate from been sign or the buriof fraction permit. They are and Mental Hygiene prior to it and desired or them is shown any injur	CERTIFICATION	19s DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS	PERFORMED	YES NO	Ob. IF YES, WERE FIN I CERTIFYING CAU YES	NDINGS USED USES OF DEATH? NO [
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51 5213	23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF CEMETER	RY OR CREMATORY	23d LOCATION		STATE
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DHMH-16 50M 1/81		UNERAL DIRECTOR		ex 66-13 CHES	TER MD 250 DAT	E REC'D. BY REGISTRAR 256		
(VRA 15, 4)	To	M HELFENBEIN	1 FUNERAL HOM	EP.A. 2161	19 N	JV 30 1987	Gulea David	lors. Rondally

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	11.	FOR per funeral	director DEP	ARTMENT OF HEALTH AND M			
3621 DEC -	1 87	REGISTRAR		CERTIFICATE OF DE	ATH 8 7	REG. NO. 3	976
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page 3		Harolo	2 Eclusas	d tawthro	P	11 2	6 87 11/10
-	3. SE	1	I. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR	LAST BIRTHDAY	FUNDER 1 YEAR IF UNDER 24
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L OR ATTENDING PHYSICIAN, the hospital or ottending physic L DIRECTOR, after this certificattached far use as the buriol-trained begin in Heelih and Mental Hye E Dept. of Heelih and Mental Hye. If them 2 1 is marked or item 18	7 230 E	21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  22a. E certify that (1) (this hospital sow the deceosed alive on oboye, (1) (we) (did) (did not)  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR)	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF pol) attended the deceosed fr (view the body after death.  PRINT)  and elwal	om, and that in (my) (compared to the property of the pr	19 to	STAFF PHYSICIAN   ON OWN	9, that (II (we and from the couses state)

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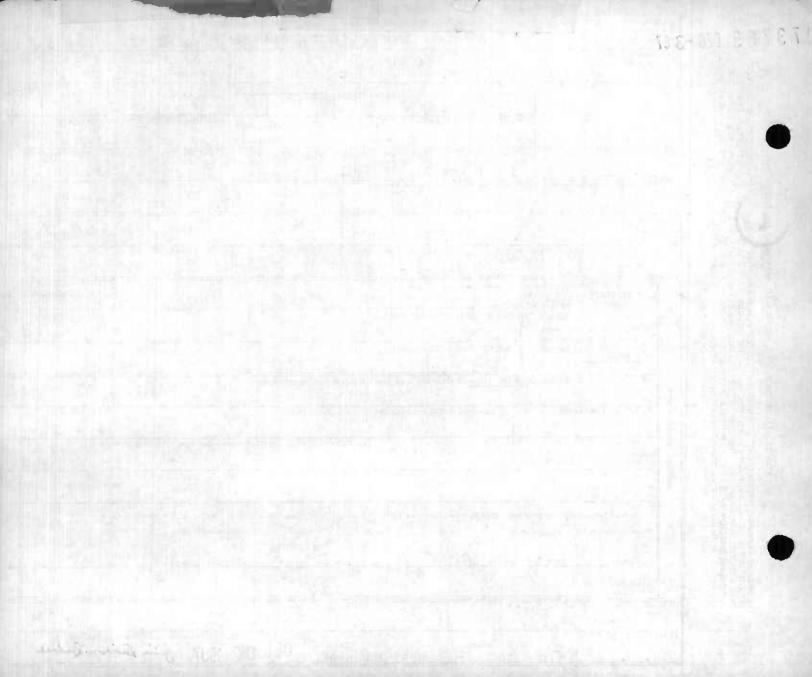
		1	FOR		STATE OF MARYLAND	WAIPIIP	
0/2	597 NOV:	20 8	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	3 TREG. NO.	3 0 9 7 7sr
	. 8.6		CEASED NAME FIRST E OR PRINT)	MIDDLE	1A51	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
	poge 3		MARTHA	R	FISHER	NOVEMBE	
	The P	3. SE	X	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
15	ecto		EMALE	CAUCASIAN	AUGUST 9, 1922	65	YRS
	6 00 24	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
	1 15	n	ARYLAND	UNITED STATES	WIDOWED DIVORCED	ANNE A	RUNDEL COUNTY MD.
5	1 154	10.0	GLEN BURNIE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI NORTH ARUND	SING HOME OR OTHER INSTITUTION SET ADDRESS) VEL HOSPITAL	120 USUAL OCCUPATION OF YORK FOR MOST OF Y	WORKING LIFE) INDUSTRY
LAND 212	Minga house	In.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN ARYLAND ANNE ATHER'S NAME	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION) DWN 13d. INSIDE CITY LIMITS?	136. STREET ADDRESS	0
MARY	19 100	)		ROBIN	ETTE LOREN	WIDDLE	LASHLEY
MORE	Pogo Marie		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		CURITY NO. 17 INFORMANT	ADDRESS	(SAME AS 13A-E)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	that the death certif (attention by the attention according physical lease remove accidence opportunity, or emergent or other traumotic event. The			DUE TO, OR AS A CONSECT (c)	DUENCE OF cardiae	: fure and any thing	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 2(	equires n signe Then pl r to bur injury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)
1 RECO	he law r	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
OF VITA	YSICIAN: The la sling physician s certificate has burial-transit per Mental Hygiene pr r Item 18 shows	4	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2]
NOISI	I 6 4 7 0	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFIC	211 LOCATION	CITY OR TOWN	N COUNTY STATE
MIG	OR ATTENDING P the haspital or ofter DIRECTOR, After the sched for use as the Dept. of Health on them 21 is marked		22a.l certify that (I) (this hospi saw the deceased alice on obove (I) (we) (did) (tild no	ital) ottended the deceosed from	, and that in (my) (aur) opinion	1 to on death occurred on the dote	e and hour and from the couses stated
	by the ERAL ERAL Store	-	226 SIGNATURE  226 PHYSICIANS NAME (TYPE OF	SE PRINT)	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	DIRECTOR   PHYSICIA	an Deov, 13, or
	TO HOSE retained TO FUN should b with the IMPORT.		CHARLES I	WII MD	CIENT	7845 OAKWOOD	ROAD #204
	5 6 F 2 2 ₹	23o	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
	BP		BURIAL		READOWRIDGE MEM. 1		E HOWARD MD
	DHMH - 16 50M 1/B1 (VRA 15, 4)		UNERAL DIRECTOR		T MOUNTAIN NO	DATE REC'D. BY REGISTRAR 25	b REGISTRAR'S SIGNATURE
	(VKA 15, 4)	IN	CULLY FUNERAL H	OMES PASI	PDENA; MD 21122	UV 19198/ (	ulia Davidery Condalle

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	e 9	4		OR PRINT)							ZE. DATE OF DE	AIH MONI	DAT	TEAR	ZB. HOUR
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	E	ē	3. SE	~ ACE		4. RACE	A12A 2		OF BIRTH		6. AGE IN YEAR	S LAST BIRTHDAY)		JINDER I YEAR	IF UNDER 24 HRS
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	de de	To to		TY OR TOWN OF D			HOSPITAL, NUR	WIDOW		VORCED [	ANNE A	RUNDEL		101 101 10 0	MD.
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2	hou in	a a	USU.	AL RESIDENCE (IF NI	URSING HOME OR		136. CITY OR TO		113d. INSIDE C	ITV LIMAITS2	13e.STREET ADI	DESS / 7In	CODE		
2	4 6	100	MAI	RYLAND		ARUNDEI	ANNAPO		YES:	NO		ODLAND		CIF	21401
XIA	10	l ve	14. F.A	THER'S NAME					15. MOTHER'S	MAIDENNA		ODLAND	CIN	.0111	21401
AR	. 1	( J.E.)		JAMES		MIDDLE	ITZPATR	TCK	A.T.	FIRST	N	NIDDIE		LAS	
≥	1	9 1	16n V	VAS DECEASED EVI	ED INTIL C AD		16b SOCIAL SE		17. INFORMA	ICE		ADDRESS		DE	SH
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ž ·	0 6	E		ES			578-28	-6714	PATRIC	TA A.	FITZPATR	ICK W	IFE	SAME	AS 13
SAL	ate 0.45	1 a		18 CAUSE OF DEA	ATH (Enter on	ly one couse per	line for (o), (b),	ond (c1.)	1100					BETWEEN	MATE INTERVAL ONSET AND DEATH
-	ph ph	emone event,		PART I. DEATH		D BY: E CAUSE (o)	CARDIO	119 - C	MONA	AY	ARR	EST			
Z	Bu Bu	Pic e			WWEDIAT										
2	to a	O.E.		C #W		DUE TO, O	R AS A CONSEC	UENCE OF							
<u> </u>	de de	trou	-	Conditions, if an	ny, which mmediate	(b)									
<u>a.</u> ≥	† th	her		couse (a), sto		DUE TO, O	R AS A CONSEC	UENCE OF							
2	tho db	of, o		underlying coc	ise iusi.	(0).									
DIVISION OF VITAL RECORDS, 201 W. PRESTON	gne	bury,	-	PART 2. OTHER SI	GNIFICANT	CONDITIONS CO	ONTRIBUTING T	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	R CONDITION	GIVEN	IN PART 10	D
200	s us	of ri	CERTIFICATION												
ŭ	»c	Prior y	CAI	19a. DATE OF OPER	RATION	196 COND	ITION FOR WHI	H OPERATIO	N WAS PERFO	RMED	20a AUTOPS		IF YES, W	ERE FINDIN	VGS USED
7	he hos	Shows	TE								YES TI N	ON	YES T	G CAUSES	OF DEATH?
11	IG PHYSICIAN: The offending physicio fer this certificate be	Mental Hygiene or Item 18 shows	ER	21a. ACCIDENT WAS L	INDERLYING				21c. HOW IN	JURY OCCURE	RED (ENTER NATURE	7	-	LORPART 2)	
<u>۳</u>	PHYSICIAN: ending physi this certifical	E		OR CONTRIBUTING		(1)1	M. MONTH		19.33						
z	Signing	Aent	2	21d. INJURY OCCL				19	211 LOCATIO	144					
20	PH end	ond M ked or	MEDICAL			21e. PLACE (AT HOME, STI	OF INJUKT REET, FACTORY, OFFIC	E, FARM, ETC )	STREET	)N	c	ITY OR TOWN		COUNTY	STATE
<u> </u>	P of te	th or		AT WORK	WHILE										
	VDIN Or Or	leoith s morb		22a.1 certify that				NOV	2	19 79	, to OCT	13	19.	87	that (II) (we) lost
200	oito TO	of H		sow the dece	osed alwayon	t) view the body	19	87.0	nd that in (my)	(our) opinion	deoth occurred o	n the date on	d hour or	nd from the	couses stoted
	hos REC	e b t		22h SIGNATURE	/ (did/(did no	T) view the gody	offer deoffi.	-	DEGREE					22c. DATE	SIGNED .
	he o	± 00			all.		-1		m.D A	TTENDING	MEDICAL	STAFF	_	1,1	27/1987
	Dy 1	Z Z G		22d PHYSICIAN'S	1130	De Mu	C		22e ADDRES		DIRECTOR	PHYSICIAN L		111	00 1 110
	HOSPI	RTA		220 PHISICIANS	NAME (TYPE O	R PRIMEI	1		226 ADDRES	5					/
	etoined TO FUN	should be defoched with the Stote Dept.  IMPORTANT: If Item		K	. 50	000	m.		6911 L	AUREL-1	BOWIE RO	AD BOW	IE,	MARYL	AND 20716
	T T	5 3 ≥	23a. B	URIAL, CREMATIO	V, REMOVAL	23b. DATE	23	. NAME OF C	EMETERY OR C		23d. LOCATIO	N			
	BP		R	URIAL		NOV 30	,1987 G	ATE OF	HEAVEN		CITY OR I	J.1.1.		OUNTY	STATE
	D		24. FL	NERAL DIRECTOR	EDANCE	THOV. 30	TITMC	TD CIL	HEAVEN	250 DAT	SILVER E REC'D. BY REG				
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077	2 2 % MOV I	1:	STATE REGISTRAR		DEFAI		ICATE OF DEATH			5 0 9	EST
012	noy be	1. BE	CEASED NAME FIRST	С	MIDDLE	FOSTER	AST	20	NOVEMBER	15, 1987	7 1035 PM <sub>M</sub>
	moy r. pog	3. SE	x	4. RACE		S. DATE C		100	AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	LYEAR IF UNDER 24 HRS
	Poge 4 mo director, po	9	Female	White		May			86	YRS.	
	ter death. Po he funeral di within 72 ha	1	RTHPLACE (STATE OR FOREIGN COUNTRY) APOllo, PA	76. CITIZEN OF		WIDOWE			ANNE ARU	NDEL COUN	NTY MD.
201	by the	G	LEN BURNIE	NORTHING	AKUNDEL	HOSPIT	OR OTHER INSTITUTION	- (1	B. USUAL OCCUPATION  TYPE OF WORK FOR MOST OF  Homemaker		SIND OF BUSINESS OR JSTRY
AND 21	hin 24 hour sly filled in should be f	130. S		OR OTHER INSTITUTION JINTY A	GIVE RESIDENCE BEI 136. CITY OR TO Glen Bu	NWC	134. INSIDE CITY LIMI YES NO []	X 1	716 Saunde	ers Way	21061
MARYL	aplete one 2		William	MIDDLE H.	Brubak		is mother's maide		MIDDLE		ucke
ORE	n ond complex of medical exp			RMED FORCES?	166. SOCIAL SE		17. INFORMANT	D * 7 /	ADDRE		
LTIM			NO  18. CAUSE OF DEATH (Enter of		159-28		Bernice F	Pilch	er, Same a		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	s that the death certical by the attending policies removement or or other transmission or other transmissions.		PART I. DEATH WAS CAUS IMMEDIA  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, O  DUE TO, O  (c)	R AS A CONSEC	QUENCE OF	NOT DELATED TO THE	es A.	ALDISEASE OF CONT	LOILI,	ART Los
ORDS,	The open	NOL	19a. DATE OF OPERATION				N WAS PERFORMED		200 AUTOPSY?	206 IF YES, WERE I	
AL REC	hos hos	CERTIFICATION				CH OPERATIO			YES NO	IN CERTIFYING CA	AUSES OF DEATH?
OF VIT	A G TIPE		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY O	CCURRED	(ENTER NATURE OF INJUR	RY IN ITEM TB PART TORP	ART 2)
NOISION	ENDING PHYSIC of or ottending JR. After this cer use as the burial Health and Menilis marked or the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC )	211. LOCATION STREET	-20	CITY OR TO	wn cour	NTY STATE
	TTEND ppitol of TOR: for use of Hee		22a.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did in	n 16	19	81,01	nd that in (my) (our) as	pinian dea	th accurred on the do		
	At At At I		27% SIGNATURE	7 5	30	P		IAN DE	MEDICAL STAP	F IAN []	DATE SIGNED
	HOSE pined FUN buld b		RECEP FROL M						OSPITAL DR , MARYLAND	IVE 21061	
	of o		BURIAL, CREMATION, REMOVA				EMETERY OR CREMAT		23d. LOCATION CITY OR TOWN	COUNTY	r STATE
	BP		Burial	Nov.	19,8/	reenwo	od Mem. Par		Westmorela		V PA
	DHMH - 16 50M 1/B1 (VRA 15, 4)	Z4 F	UNERAL DIRECTOR	indiana (	ADDRES	S NAI		NO\	1 7 1987 P	25M REGISTRAR SSI	NA MARKAGE
			James S. Ki	rkiey, (	<u>alen Bur</u>	mie, M	U	,,,,,		0	

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Acceptance of

					STATE OF MARY	LAND			
200	011	201 07	47	FOR STATE	DEPARTMENT OF HEALTH AND	MENTAL HYGIE	NE		
069	8411	161 21	87	REGISTRAR	CERTIFICATE OF	DEATH	B 7 REG. NO	3 0 9 6	5 1
				CEASED NAME FIRST	MIDDLD LAST	1 2	e. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	oy be goge 3 deoth		(TYPE	Edua D	(hannensti		10rt.20	41987	
	ноу		3. 5E	Succession of the second	S. DATE OF BIRTH	6	AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS
	Poge 4 director, hours oth			M.	W. 45/2	4 YEAR	63	YRS.	HOURS MIN.
	A 45 72 4 4 5 4 5 4 5 4 5 4 5 4 5 5 5 5 5 5 5	25	₹6 Bi	RTHPLACE (LITATE DE FOREICH	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED 1 NEVER	R MARRIED '	BALTIMORE CITY OF	R COUNTY OF DEATH	10+
	de de	-6_	10	OF TOWN OF DEATH	WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN	DIVORCED	28 USUAL OCCUPATE	aurace	aus
5)	John The	30	0%	10 County	(IF NOT IN SUBJECTION, GIVE STREET ADDRESS)			WORLING LIFE) BYDUSTRY	OF BUSINESS ON
2120	hours d in b	10	U5U/ 13a. 5		OTHER INSTITUTION, GIVE RESIDENCE OF FORE ADMISSION)	CITY LIMITS?	In STREET ADORESS	911	22
LAND	in 24 W fill Medicin	10	Z	THER'S NAME	A Carente YES [	NO	30 Mou	gout a	11.
AARY	d within	10		O'May and	LAST - IS. MOTHE	R'S MAIDEN NAME	AMIDDLE (	2 minsh	ist ,
RE, A	executed and com	8 1	16a V		MED FORCES? 166. SOCIAL SECURITY NO. 17 INFORM	MANT	ADDRE	54 8112	2
MO		medic	4	HO OR UNKNOWN) USES, GIV	74 WHID 318-14-1680.	acker	ene 7	Err 2011	reat au.
BALT		le de	1	18 CAUSE OF DEATH (Enter on	ly be cause per ine far (a), (b), and (c),		1	APPROX BETWEEN	CONSET AND DEATH
ST.,	- E	even	U		ELAUSE (0) POPPISMS 10 YE	CANI	1 WARZ	7110	
ON		notic			DUE TO, OR AS A CONSEQUENCE OF				
REST		troum froum		Conditions, if any, which gove rise to immediate	(6)				
*	by the	crem		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	J Sue	GERY		
, 201	t bed	7. 0		PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE			DITION GIVEN IN PART 1	(0.
RDS	The sta	0 5	CERTIFICATION						
55	and and	160	S S	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERF	FORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	NGS USED S OF DEATH?
AL R	25 28	11/	E E				YES NO	YES 🗌	NO 🗆
FVIT	physic dicon	0		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THOUSE A SECURITY IN THE MEAN	INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
O	PHYSIC miding this cert e buriel		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES		TION			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	G PH offer this	ked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCAT	EET	CITY OR TO	wn COUNTY	STATE
ā	N 4 8	D E			tal) attended the deceased from	19 8 6	, 109	112,1987	, that (I) (we) last
	The State of the S	5 6		sow the deceased alive on	9112 19 87, and that in (m	ıy) (our) opinion de	oth occurred on the do	ate and hour and from the	e couses stated
	A A C	1 1		226. SIGNATURE	DEGREE		1		ESIGNED
	At C	4 5		//1	Heranile my	PHYSICIAN T	MEDICAL STAF	IAN 🗌	
	red by th FUNERAL	ORTANT ORTANT	1	224. PHYSICIAN'S NAME (TYPE O		ESS		0 11	
	A - 0	# 80 /		HSHOK	1 CHATTON XC. 392	7 Anna	polis Rd	. Balto, -	21227
	01 54	137	73u. F	URIAL CREMATION, REMOVAL	23h DATE 234 NAME OF CEMETERY OF	R CREMATORY	23 (VOCATIONS)	10 11	) 5
	BP		13	Mual	10/28/87 Sleathles	lem.	Lin Cul	che tox	wight
	DHMH - 16 50A (VRA 15,		12	INEMAL DIRECTOR	Jac 13/9 du	1200	726 1987	15h PEGISTRARS SHOWN	- Route

DHMH - 16 60M 7/84 (VRA 15, 4)

Singleton Funeral Home Glen Burnie, Maryland

Nov 19, 1987

Burial

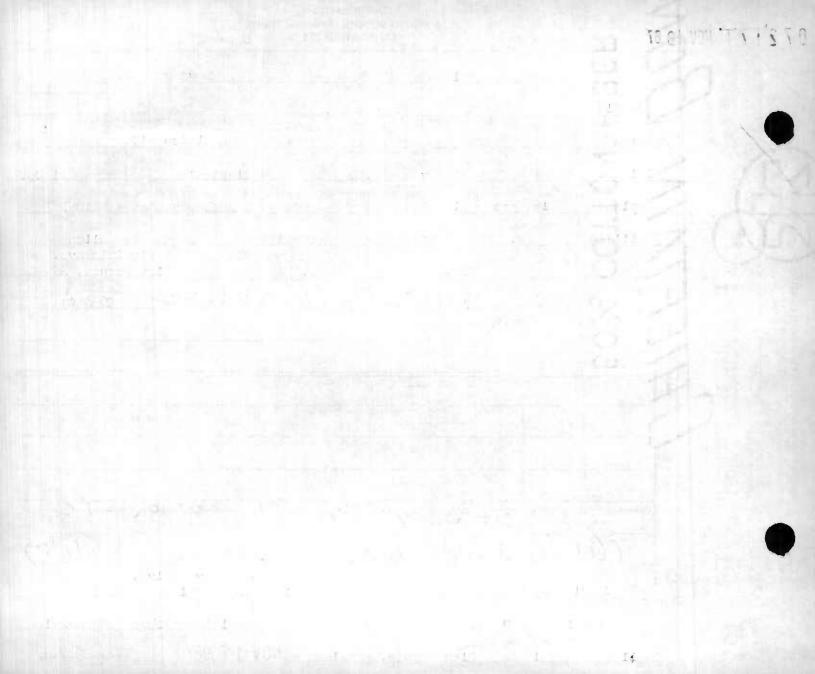
24 FUNERAL DIRECTOR

Western Cemetery

Baltimore City

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATU

STATE

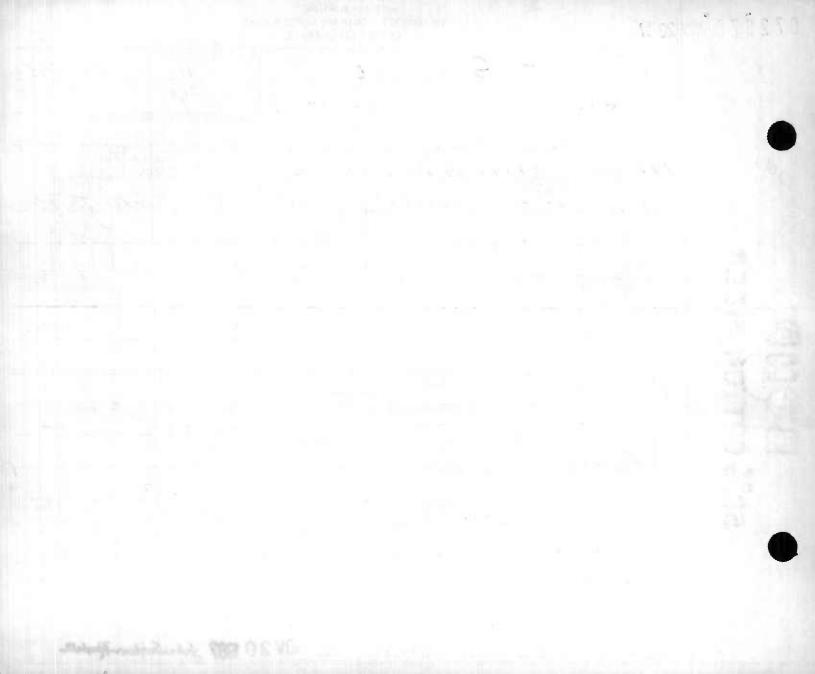


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE \$7 REGISTRAR CERTIFICATE OF DEATH DECEASED NAME (TYPE OR PRINT) 3 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Anne Arundel County. DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE)

5. LANG FOREMAN Baltimore Drydock 136 COUNTY Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLI Christina JoHann Christof Gavo 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDR645 Cromwell St.. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ms. LaVona Arnold Balto.Md. 21225 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: Luciama-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART, 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION corases 015m 90 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d IN JURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OF LOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 22a | certify that (1) (this haspital) attended the deceased from. sow the deceased alive on. and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death 1226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL Charl STAFF PHYSICIAN TO DIRECTOR PHYSICIAN MPORTAN 22d PHYSICIAN'S NAME-TYPE OF PRINTS 22e ADDRESS chuasta 8) tannouns ( aux. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cedar Hill Cemetery Balto., A.A. Co., Burial 24 FUNERAL DIRECTOR 237 E. Patapsco Ave., 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) Funeral Homes Balto., Md.21225 .... porder . Kendres

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	I. DE	CEASED NAME FIRST	MIDDLE	SAST	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
moy be poge 3 er deoth	(TYP)	PAUI	JOSEPH	GEAGLONE	11	17 87 0918 M
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ge 4		Male	CAUC	02-17-29	58,	MONTHS DAYS HOURS MIN.
h. Po		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH
Ann 7		onnecticut	USA	WIDOWED DIVORCED	Anne Arunde	
Endly the S	A	AN ADDIS	US NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Federal Gov	
212g	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		11111
ND 24	136.	mn A	A CROFT	YES NO NO	13e.STREET ADDRESS ZIP C	OKRINGTON PLACE
The state of the s	14. F	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	1/40
W P		Frank	J. Geaglone	Laura		Mayard
MORE n ond s Pogest			GIVE WAR OR DATES)		ADDRESS	
LTIM ton o rs. Po			18-53 048147		M. Geaglone	same as #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN.  ING PHYSICIAN: The low ratural that the death certificate be executed within 24 hours to offending physician on completely filled in by six the buriclaricate has been uponed by the ottending physician and completely filled in by os the buriclaricate has been uponed by the ond Mental Hygiene prioriforburial, cremation, ar removal and another prioriforburial, cremation, ar removal are also shown only injury, ar other traumatic event, the medical examiner must be a careful and another miles the medical examiner must be a careful and another must be a careful another must		PART I. DEATH WAS CAU	only one couse per line for (a), (b), or SED BY: ATE CAUSE (a)	Lung Car	ner	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  4 MOS.
ondeng carbo		MANUFACTOR OF THE PARTY	DUE TO, OR AS A CONSEQU	ENCE OF Cigarette	0.50	30 years
dea otte	1	Conditions, if any, which gove rise to immediate	(b)	classes		20 45007
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201		PART 2 OTHER SIGNIFICAN	(c)T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
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he low rann. has bee t permit. ene prio	CERTIFICATION	196 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	INC	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
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PHYSICIAN: T ending physici this certificate the burial-transi of Mental Hygi		OR CONTRIBUTING CAUSE OF		AY- YEAR		
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DING PH after thise os the I alth and	\\	WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
A Afr			pital) attended the deceased from	8 17 187 19	, to	. 19
Spito Spito CTOR I for of H		sow the deceased alive	not view the body ofter death.	, and that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
at OR A the hos at DIREC etached te Dept.		226. SIGNATURE HOLL	E. Delouid,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/17/87
HOSPITAL FUNERAL FUNERAL World be det h the Stote	1	228. PHYSICIAN'S NAME (TYP	E OR PRINT)	220 ADDRESS	d	
TO HOSPITA etoined by TO FUNERA should be de with the Stot		·	Selouia, M.D.			poli, and 21401
		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	24 F	Burial		. Veterans Cem.	Crownsvil. TE REC'D. BY REGISTRAR 25b, RE	
DHMH - 16 60M 7/B4 (VRA 15, 4)	Ha	rdesty Fune	ral Home, Anna	polis, Md. NOV2	A seed 1 .	undown-Randelle



7 2 6 0 4 NOV 20	87	FOR STATE REGISTRAR			DEP		SEALTH AND MENTAL HY	0 7		9	3 EST
2004 1101 20		CEASED NAME	FIRST		AIDDLE		LAST	20. DATE OF DEATH	NO. MONTH	DAY YEAR	25 HOUR
* **		OR PRINT		m .	-		C7 amm	NOVEMBE		1987	1000 PM
6 60	3. SE	EDWARD	- 14	RACE	s Br	odnax	Glenn OF BIRTH	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	M
4 86	3. 30			. KACE		MONI		B. AGE THE TEARS LAS	BMINDAI)	MONTHS DAYS	
9 de		Male		Whi		Apr	11 19,1899	88	YRS		
4 102/19		RTHPLACE (STATE OR FO COUNTRY) COTGIA	REIGN 71	6. CITIZEN OF Y	WHAT COUN	MARRII WIDOW	NEVER MARRIED			COUNTY	( MD.
by the lifed with	1	ITY OR TOWN OF DEAT	Н Т	1. NAME OF H	HOSPITAL, NI		OR OTHER INSTITUTION	12a USUAL OCCUP ITYPE OF WORK FOR MO Electric	ST OF WORKING L	IFE) INDUSTRY	OF BUSINESS OR  Building
	USU	AL RESIDENCE (IF NURSIN	IG HOME OR O	THER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISSION				DITTO	Durtain
ARYLAND 2120	M	aryland	136. COUNT	A.	Rivie	ra Bch	134 INSIDE CITY LIMITS?	213 Che		oad 2	1122
16/10	14, F/	THER'S NAME FIRST Edward	_	IDDIE	LAS		15. MOTHER'S MAIDEN N	MIDDU	Lzabeth		AST
3 1 1200	140	VAS DECEASED EVER II	Trav		odnax	Glenn SECURITY NO.	17 INFORMANT		DRESS	1 rem	berton
MOM!				WAR OR DATES		1-4517	LaRue E. Gl		e as 13	Be .	
RECORDS, 201 W. PRESTON ST., BA low requires that the death certificat or so been signed by the attending physis permit. Then please remove corbon page he prior to bundl, cremotion, or removo	CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), stoting underlying couse	which ediote the lost.	BY: CAUSE (o) DUE TO, OI  (b) DUE TO, OI  (c) DINDITIONS CO	R AS A CONS	SEQUENCE OF	NOT RELATED TO THE TOR	MINAL DISEASE OR CO		•	
TAL REC	TIFICA	DATE OF OPERATI	014	I 190. CONDI	TION FOR W	HICH OPERATIO	NAS PERFORMED	YES NO	IN CERTI	IFYING CAUSE	
N OF VITAL  SICIAN: The age physicio certificate in ricol-tronsit entol Hygie entol Hygies them 18 sho		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PART 2)	
DIVISION OF VITAL DING PHYSICIAN: The or otherding physicion After this certificate he ce of the buriol-tronsic holls and Merical Hygier morked or item 18 show	MEDICAL	21d. INJURY OCCURRE  WHILE NOT WHIL  AT WORK AT WORK	D	21e. PLACE	OF INJURY	FFICE, FARM, ETC }	21f LOCATION STREET	СПУО	RIOWN	COUNTY	STATE
TTENDI pritol or TOR: A for use of Heol		270.   certify that (I) ( sow the deceased above, (I) (we) (di	this hospitod olive on did (did not)	of ended the	e deceosed f	153.76	nd that in (my) (our) opinio	, 10		ur and from th	n, that (I) (Dellast ne couses stated
OR he he		226. SIGNATURE	316	un	m			MEDICAL S	TAFF SICIAN []	22c. DAI	E SIGNED
TO HOSPITAL TO FUNERAL should be deter with the Store		Rub et	ME ITYPE OR	PRINT)	- dC	UN	220 ADDRESS	PCT P	Col e	15 Ac	or le
5 6 E#3 ₹1.		BURIAL, CREMATION, R	EMOVAL	236. DATE		73c. NAME OF	EMETERY OR CREMATORY	234 LOCATION	4	COUNTY	STATE
BP		Burial		11/19/	/87	Meadow	ridge Mem Pa	rk Baltimon	re	Howard	
DHMH - 16 50M 1/81		UNERAL DIRECTOR	200 4	001 R1+	chi eADO		25a. D.	ATE REC'D. BY REGISTR	AR 256_REGIS	TRAR'S SIGN	TURE

STATE OF MARYLAND

NOVEMBER 15, 193 1993 P.1

ANNE NEUNEL COMMI

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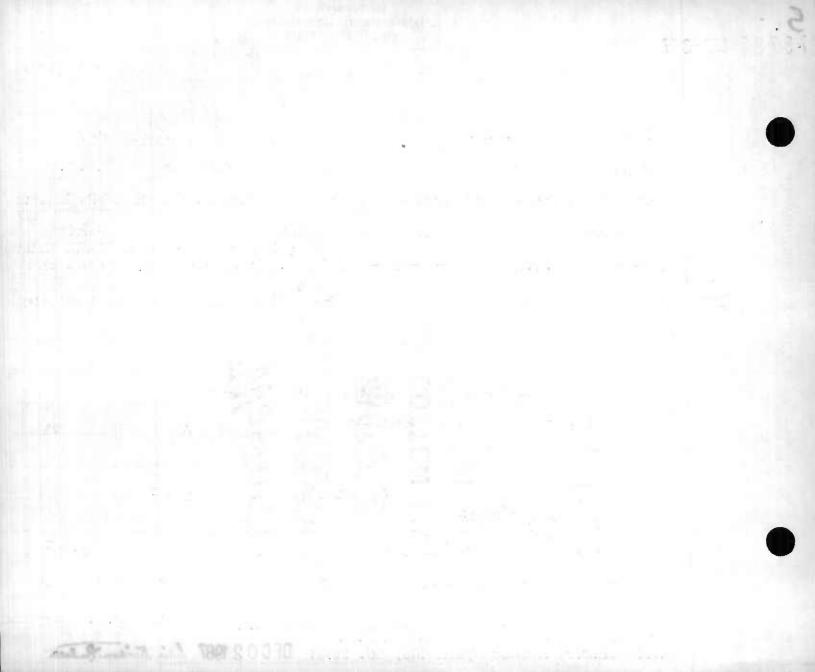
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1			FOR per med exam			ALTH AND MENTAL	00000000 7 0	9 8 6
1728	557 NOV 2		CEASED NAME FIRST	WEL	MIDDLE	R'S CERTIFICATE		7 3
			PE OR PRINT)		MIDDLE		20. DATE KNOWN & MON	TH DAY YEAR 26. HOUR
	ASE OR: URS: EET,		Hilma		Max	Goehring	DEATH MATED 1	
	SEESE	3. SE	X 4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	ER 24 HRS. 26 DATE MONT	28 1100K
	ARY ON ZOON		Male White	8 18	36 51 YRS.		DEAD 1	
	LEESSARY, PEASE INERAL DIRECTOR. PER YOUR FILES. WITHIN 72 HOURS FESTON STREET,		IRTHPLACE (STATEOR DREIGN COUNTRY)	76 CITIZEN OF WH	IAT COUNTRY? 8.	MARRIENE NEVER MAR		
	AND THE PERSON OF THE PERSON O	1	Md.	U. S. A.		IDOWED DIVO		
a	- SERE-/	1B. C	ITY OR TOWN OF DEATH		PITAL, NURSING HOME, C	R OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WOR	RK 126 KIND OF BUSINESS OR INDUSTRY
10	A CARROLL		Glen Burnie	North	Arundel Hos	pital	Machinist-Self E	
5	ANY D	USU.	AL RESIDENCE (IF IN NURSING HOME STATE 1136 COUN	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION)	1134 INCIDE CITY LIMITO	13e STREET ADDRESS Hanove:	
5	SEROR		Md.	H-W	Hanover	YES NO	1510 Green Valle	v Cir. #21076
9	T 01 00 00 00	14. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAI		
	25 25 O		Willi	Franz	Goehring	Elsa	Marguerite	Lehe
WO	SE PAGE ONO	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY N	O. 17. INFORMANT	1510 Green Valley C	ir -Hanover Md
15	NA THE RESIDENCE TO SECOND SEC	1		an War	214-54-412		C. Goehring	#21076
1	SECTION		18. CAUSE OF DEATH (Enter or			THE STATE OF THE S	CAUDEILING	APPROXIMATE INTERVAL
15.7	DESERTED TO THE PERSON OF THE		PART I DEATH WAS CAUSE	D BW		al hemorrhage	2	BETWEEN ONSET AND DEATH
TO.	A HI ON A NO		IMMEDIA	IL CHOOL (d)	AS A CONSEQUENCE OF			
- E	PHIN THE PARTY OF		Canditians, if any, which		plenic hilar	injury		(0)
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201	N A A A		lying cause last.					
DS.	GG" L AND AND ATIC		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINA	DISEASE OR CONDITION GIVEN IN	PART 1 (a)	
DIVISION OF VITAL RECORDS, 201 W.	CERTIFICATE SHOULD BE EXECUTED WITH INTING THE WORD "PENDING" IN PENCIL BED TO THE CHIEF MEDICAL EXAMINE AS 3 SHOULD BE USED AS A BURAL TRANSM DEPARTMENT OF HEALTH AND MENTAL INTO PRIOR TO BURIAL, CREMATION, OR REMO	Z		of the liver			7 77 77 77 77 77 77 77 77 77 77 77 77 7	
Z.	L CLEAN	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERAT	ON WAS PERFORMED?		20 AUTOPSY?
Ž	S S S S S S S S S S S S S S S S S S S	F						YES 🕅 NO 🗆
) L	THE CHAPTED BE UNDER TO BURI		210 EXTERNAL CAUSE WAS	21b. TIME OF		21c HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	
N N	A TANAL THE		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M.	MONTH DAY YEAR 11 16 1987	unknown		
osi	SHO TO TO THE PAIN OF THE PAIN	MEDICAL	21d INJURY OCCURRED	21e PLACE C	F INJURY (AT HOME,	II LOCATION		
≥	S CR REDE	¥	WHILE NOT WHILE T	STREET, FACTO	ORY, FARM, ETC.)	unknown	CITY OR TOWN	COUNTY STATE
	NER: THIS CERT CATE, WRITING FORWARDED FOR: PAGE 3 SH THE STATE DEP AND, 21201 PRI							
	A P S S S S S S S S S S S S S S S S S S		22a. I certify that I taak char			Autopsy X, Inspect		apinian
	AME SEE SEE SEE SEE SEE SEE SEE SEE SEE S		death resulted from: Natu	ral causes,	Accident, Suicid		Undetermined manner XX	
	WA WEE		ACTUAL W	1	_	TITLE (SPECIFY)	niof DA	TE 11/16/87
	SHE SHE		SIGNATURE	- Y	42	w.b.eputy CI	niefmedical examiner Sig	NED
	INO INO		EXAMINER'S NAME AT	n M. Dixo	n. M.D.	11:	l Penn St. Balto.M	D .
	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFEE DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2	270 5	ALTHE ORTHON			ADDRESS 4.4.		
		234.0	URIAL, CREMATION, REMOVAL				23d LOCATION CITY OR TOWN Baltimore	STATE STATE
07/84 25M	BP	24.5	Burial UNERAL DIRECTOR	Nov.19/87	Parkwood	Cemetery 250. DAT	E REC'D. BY REGISTRAR 256 REGISTRAR	S SIGNATURE L.
	DHMH - 17	10	- NAME TUMAN DO	A HUAR ADDRESS	A THE	en of	2 1 1007	malfarta

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7 7 11011	h-	07		STATE OF MARYLAND		
677 NOV	13	J-PR	DEPA	RTMENT OF HEALTH AND MENTAL H	YGIENE	
	1.	REGISTRAR		CERTIFICATE OF DEATH	8 7 REG. NO. 3	0 9 8 /
		CEASED NAME FRST	WIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	(Tite)	JAN:	IE BELLE	GROOM	11	16 87
	3. SE	The state of the s	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
2		FEMALE	WHITE	10 29 10	77 YRS	MONTHS DAYS HOURS MIN.
1		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	A BALTIMORE CITY OR COUR	
3		Virginia	USA	WIDOWED DIVORCED	Anne Arun	del MC
-	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
3		nnapolis	Anne Arunde	l General Hospit		POSTAL SER
-	USU 13e	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BE		13e STREET ADDRESS	5,,
)	M			adySides   NOX		Road 0/64
	14. F/	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST
		Christopher			MIDDEL	Norris
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
		No	21438	5944   Wallace N	Neal Groom #13	TOTAL MISSING
		18 CAUSE OF DEATH   Enter on	ly one cause per line far (a), (b),	and (ct.)		BETWEEN ONSET AND DEATH
4		PART I. DEATH WAS CAUSE IMMEDIA	IE CAUSE (a)		1	
		8	DUE TO, OR AS A CONSE	QUENCE OF		
		Canditians, if any, which	( b) DR	PIN TUITOR 14/1	78HOMA	9 Mo.
Jauno Jo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OHENCE OF		
н		underlying cause last.	(c)	502.1102.01		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION (	GIVEN IN PART 1(a)
	CERTIFICATION					
1	CAT	190 DATE OF OPERATION	1% CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED
1	E				YES NO	YES NO
		210. ACCIDENT WAS UNDERLYING		DAY YEAR 216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM I	B, PART 1 OR PART 2]
7	3	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	1111	19		
	MEDICAL	214 INJURY OCCURRED	21s PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFI	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
į	3	WHILE NOT WHILE AT WORK				
į		220.1 certify that (1) (this haspi	tal) attended the deceased fro	m	6 to PROSENT	, that (I) (we) last
		saw the deceased alive an	t) view the body after death	and that in (my) ( apinio	on death occurred on the date and l	naur and fram the causes stated
-51		226. SIGNATURE	1 4	DEGREE		22c. DATE SIGNED
		Marry	felen	70 ATTENDING	MEDICAL STAFF	
1		224 PHYSICIAN'S NAME (1) PE O	a mylyl	22R ADDRESS	a /	
		MARVEY	J STRINI	re 40 5MPRY	SiOK Mel	20764.
-	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 2	31 NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	
	- {	SPECEY) Burial	11/19/87	Lakemont Cemete:	CITY OR TOWN	le A.A. Md.
	24 F	JNERAL DIRECTOR			ALE REC'D. BY REGISTRAR 256. REG	
M 79		Hardesty Fune	ADDRESS	RUIN	20 1987 July De	der-Bridate
	1	lardesty rune	Lai nome, Ar	maports, Mu.	- 201	Service Market Control

F		1	STATE OF MARYI	LAND
J.	0 5 050 0	1.	OR DEPARTMENT OF HEALTH AND TATE LEGISTRAR CERTIFICATE OF	DEATH 8 7 3 0 9 0 0
1-31	9 5 DEC -3		ASED NAME FIRST MIDDLE LAST	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 25 HOUR
	noy be poge 3	(TYPE	PRINTI RUSSEIL Ernest GROVE	E 11 26 87 200 PM
	offer.	3 SE	nale CARLE. S. DATE OF BIRTH MONIH DAY 08 02	YEAR 1911  AGE (INYEARS LAST BIRTHDAY)  FUNDER 1 YEAR MONTHS DAYS HOURS MIN.
0	ingth. Page Illeral direct in 72 hours of orice.	7o. B1	HPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? & MARRIED X NEVER WIDOWED	RMARRIED   9. BALTIMORE CITY OR COUNTY OF DEATH DINORCED   AME ARUNAEL MD.
102		H	OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN:  OF NOT IN SUCH PICTURY, GIVE STREET ADDRESS)  MIETRICAL TO S.	ISTITUTION 124 USUAL OCCUPATION (BEE OF WORK FOR MOST OF WORKING LIFE) G.P.O.
AND 213	filled in hould be must be	Ma Ma	yland Anne Arundel Lothian YES X	CITY LIMITS?   13. STREET ADDRESS   Boones Mobile Estates
MARYL	and within		Harry Grove J	rs MAIDEN NAME 2071 Jennie Farris
TIMORE	pe executed and a second a second and a second a second and a second a	Ye	NO COLUMNICANO DE LE VEC CALCANO CA DATECT	ANT (Wife) Lot 130 Boones Mobile Estate an G. Grove Lothian, Maryland 20711
ST., 8AL		3	CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	trove approximate interval between onset and peath 1 mouth
NO.	oth cer carbo , or III	草	DUE TO, OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	that the death ce d by the attending lease remove carb iol, cremation, or or or ather traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	
RDS, 201	equires the signed by Then pleas to buriol, or or only or or or only or	N O	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE  COLONIC CONCLUDING	ED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
AL RECOI	Cion. cion. is permit. giene prior	CERTIFICATION	DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERF	ORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO YES NO YES
I OF VIT	G PHYSICIAN: The attending physicia per this certificate her this certificate her this build-transit ind Mental Hygier wed at them 18 shown th		10. ACCIDENT WAS UNDERLYING   216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 7)
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			RIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR	CITY OR TOWN COUNTY STATE
	BP	24_F1	Burial 12/01/87 Maryland Vete	Cheltanham P.G. Maryland
	DHMH - 16 50M 1/B1 (VRA 15, 4)		ncis Gasch's Sons Funeral Home, P.A. 9 Baltimore Avenue Hyattsville, Md. 2078	



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27a   certify that (I) (this haspital) attended the deceased from JULY 19 87 to NOVEMBER 19 87 that (I) (me) last			AT WORK		JULY 10 E			
	2 2		sow the deceased alive a above, (I) (we) (did) (did)		, and that in (my) (	on death accurred on the date	e and hour and from the	e couses stated
sow the deceased alive an No V 5 19 87, and that in (my) (ever) opinion death accurred on the date and hour and from the causes stated above, (1) (mo) (did) (did ever) view the body after death.	Hem		226. SIGNAPURE	11/1-	DEGREE	TATE TO	22c DAT	ESIGNED
obove, (1) (wa) (did) (didas) view the body ofter death.  22b. SIGNAPURE  DEGREE  22c DATE SIGNED	± ;;		Willack	N ( Ween	MID ATTENDING PHYSICIAN	DIRECTOR PHYSICIA	AND 11/	6/87
obove, (1) (ma) (did) id deet) view the body ofter deoth.  27b. SIGNAPPRE  DEGREE  27c. DATE SIGNED	Z	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS			
obove, (I) (wa) (did) (did) view the body ofter deoth.  27b. SIGNAPPRE  DEGREE  27c. DATE SIGNED	0 /		Michael N.	Poters	Franklin	/Cathedral S	treets. Ann	coolis MD
Obove, (1) (was) (did) (did as) view the body ofter death.  278. SIGNAPORE  270. DATE, SIGNED	<u>x</u>	230 5						1 1
Obove, (1) (max) (did) Heldow) view the body ofter death.  278 SIGNAPURE  DEGREE  MD ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  274 PHYSICIAN'S NAME (TYPE OR PRINT)  The Address Franklin / Cathedral Streets. Annapolis, MD			SPECIFY)			CITY OR TOWN	COUNTY	STATE
obove, (1) (wa) (did) (did) view the body ofter deoth.  272b. SIGNAYPRE  DEGREE  ATTENDING MEDICAL STAFF  11/6/87  272d. PHYSICIAN'S NAME (TYPE OF PRINT)  122e ADDRESS  Franklin / Cathedral Streets. Annapolis, MD  23a. BURIAL, CREMATION, REMOVAL 23b. DATE  23a. NAME OF CEMETERY OR CREMATORY  COUNTY STATE		74 FI			0/ -			
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	1.	FOR STATE	D	EPARTMENT OF HEALTH AND MENTAL H	YGIENE	0	0 2	0
		REGISTRAR		CERTIFICATE OF DEATH	8 / REG. N	ó.) U	J S	EST
70779 NOV -1		CEASED NAME FRST	WIDDLE	(AST	26. DATE OF DEATH	MONTH DAY	YEAR 2	HOUR
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m od .	3. SE		4. RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIR		NUER I YEAR	IF UNDER 24 HRS
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Poor in the bound		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO		9 BALTIMORE CITY C		DEATH	
nerol n 72		ennsylvania	U.S.A.	WIDOWED DIVORCED		ARUNDEL	COUNTY	MD.
the fur d within		ITY OR TOWN OF DEATH		NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 1		BUSINESSOR
- 5 FR 6	-	GLEN BURNTE	The state of the state of the state of	INDEL HOSPITAL	Housewife	WORKING (IFE)		Maker
MARYLAND 2120 ed within 24 hours whetely filled in by emy 2 should be file exemy 2 should be file	USU	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDER	NCE BEFORE ADMISSION)				
ND 24 h 24 h		aryland		or town 13# INSIDE CITY LIMITS?	8 Gordon	Lane 21	061	
YLA Phin 2 sh 2 sh iner	-	ATHER'S NAME		15. MOTHER'S MAIDEN I	VAME			
NAME OF THE PERSON OF THE PERS	1	Ira		enmiller Nora	WIDDLE	· I.	evett	
S S	16a. \	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166. SOCI	AL SECURITY NO. 17 INFORMANT	ADDR			
BALTIMORE,	(	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES]	28-9427 John Gunnir	ng 202 Fifth	Ave, Ba	lto Md	1 21225
ALTI te by oers.	H	III. CAUSE OF DEATH (Enter of						ATE INTERVAL
4000		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a) Se	bus			5-6	11 3 -
		IMMEDIA			1 1			-
that the death cert oby the attending it is cremation, or ret or other troumatic ex		Conditions, if any, which	DUE TO, OR AS A CO	A really I lue la co	te leuke	nua	2 111	ontho
the of th		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	1	1			
W. hot i		underlying cause last.	(c)	INSECUENCE OF	•			
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RDS, sign Ther Ther injur	N O							
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. Wher this certificate has been sig as the burial-transit permit. Then th and Memb Hygiene prior to b th and Memb I Bygiene prior to b orked ar Ivem 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI	ERE FINDING	SS USED
he lo	Ē				YES NO	YES [		NO [
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OF ICIA	K	OR CONTRIBUTING CAUSE OF DE	AIN .	19				
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DIVIS POING Par of Affer the cost he c	2	WHILE NOT WHILE AT WORK	(A) HOME, SIREET, FACTOR	Y, OFFICE, PARM, ETC.)				
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TTEN Putol TOR for u		saw the deceased alive a	nnat) view the bady alter deat	19 and that in (my) (aur) apinio	an death occurred an the d	ate and hour an	id Irom the co	ouses stated
OR A boss boss boss boss boss bebt.		226. SIGNATURE	or view me dogy arrer dear	DEGREE			22c. DATE S	IGNED
0 4 0 50 =		Kika	w	M-) ATTENDING	MEDICAL STA	FF CIAN []		
SPIT SPIT	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT		200 HOSPITAL			
O HOSPITA TO FUNERAl should be de with the Stort		DANT S KA	RIPINENI, M.I	11 11 11 11 11 11 11 11 11 11 11 11 11	URNIE, MARYL		061	
5 5 5 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	23a.	BURIAL, CREMATION, REMOVA		23¢ NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION			
BP		(SPECIFY) Burial	11/4/87	Holy Cross Cemeter		e A	PUNA.	Md
DHMH - 16 50M 1/B1		UNERAL DIRECTOR			TATE REC'D. BY REGISTRAN	DE VEGETIEN	DESCRIPTION OF THE PERSON OF T	100
(VRA 15, 4)	G	eorge J. Gonce	4001 Ritchié	Howy Balto Md N	nv 3 1987	when Devel	gerse- Kon	dalla

STATE OF MARYLAND

FRANCES MARGUELLE GUNNING MOVEMEN 02, 1987 2, 15 AN

AWER ARRESTS COUNTY

CLEV BURNIE NORTH ARROWS, NOSPITAL

Village As of Expression and a state work

200 HOSPITAL DRIVE BANI S. KARIPINENI, M.D. GILEN BURNIE, MARYLAND, 23061 072650 NOV

ly filled in by the funeral director, page 3 should be filed within 72 hours after death

STATE C	DF M/	ARYL	AND
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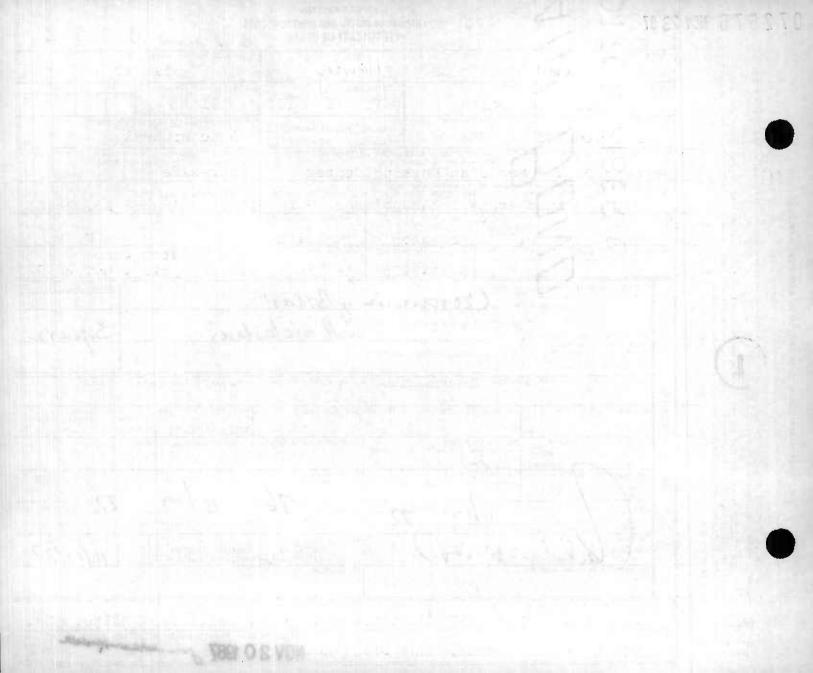
					STAT	E OF MARYLAND				
ماء	FOR STATE			DEPART		EALTH AND MENTAL HY	GIENE		45	
-	REGISTRAR					ICATE OF DEATH	8 7 REG. N	iou O	9	1
1. DE	CEASED NAME	FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR 45
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3. SE	X		4 RACE		5. DATE (		6 AGE (IN YEARS LAST BI	_	NIHS DAYS	HOURS MIN.
	-emale		White		- '	25 16	71	YRS		
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	AL RESIDENCE (IF NURS	13b COUN A . A	TY	Odento	re admission) NN Dn	13d, INSIDE CITY LIMITS?	13e.STREET ADDRESS	tuxen	t Rd	21113
14. FA	ATHER'S NAME		AIDDLE	King		15. MOTHER'S MAIDEN NA	AME			.cr
	Unknown			ICTING.		Rose	Model	I	rnol	d
16a V	WAS DECEASED EVER VES NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SEC	-	17 INFORMANT	ADDR		-43	
	No			345-03	3-2/8	D Lawrence	Sninski	# 13		1100
	18 CAUSE OF DEATH	H (Enter onl	y one couse per	r line for (o) (b), o	nd (c).1	, 1	an 1-	PARTY	BETWEEN	CIMATE INTERVAL
	TAKTI. DEATH W		E CAUSE (o)	Re	20100	TWY /W	rear	100		
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	Conditions, if ony,	which	(d)	m	2 Xu	otutu B	reast a	unil	1	
	gove rise to imm		DUETO	R AS A CONSEOL	IENICE OF					
	underlying couse		(6)	K AS A CONSECU	DEINCE OF					
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CERTIFICATION										
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E							YES NO	YES		NO [
Ü	21a. ACCIDENT WAS UNE		110110 1	OF INJURY .M. MONTH D	DAV VEAD	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INT	JRY IN ITEM 18 PA	RT   OR PART 2)	
3	OR CONTRIBUTING (		161	.M.	19					
MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,		211. LOCATION	City OR to	OWN	COUNTY	STATE
Σ	WHILE NOT WH	RK	(AT HOME, SI	REET, FACTORY, OFFICE,	FARM, ETC.]	JINER				
	22a.1 certify that (1)	(this hospit	ol) ottended th	ne deceased from		, 19	, to	, 1	9 17	that (1) (we) last
	sow the decease	ed olive on	y view the body	otter death	XX.0	nd that in (my) (our) opinion	deoth occurred on the c	lote and hour	ond from the	couses stated
	226. SIGNATURE	L	I view the body	1 -		DEGREE			22c. DATE	SIGNED
	( )		4 X	(92	/	ATTENDING PHYSICIAN	DIRECTOR PHYSI	CIAN [	1	
1	22d. PHYSICIAN'S NA	AME LIVE OF	PRINT)	-		22e ADDRESS		/	/	
		Kt	400	ES		166)(	rutta	Unt	ul	With
23a 1	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION			0
	Burial		11-1	17-87   8	St.Vi	ncents	Lasari	e	IOTHI .	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the buriol-transit permit, Then please remove corban popets, with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar removal.

24 FUNERAL DIRECTOR
T. A. Hardesty Annapolis Md.21401 D BY REGISTRAR 351, REGISTRAR'S SIGNATURE

(VRA 15, 4)



	- 1				STA	E OF MARYLAND				
07373	7 DEC -	2187 STATE REGISTRAR				REALTH AND MENT FICATE OF DEAT		REG. NO.	0 9 9	3 EDT_
	m c	I. DECEASED NAME	FIRST	MIDDIE		IAST	20	I. DATE OF DEATH MON	TH DAY YEAR	26 HOUR
y be	poge 3 er deoth		LVIN	P	HEA	Li W.	JI	MOVEMBER		1245 AM
90		3. SEX	4 R	ACE	5. DATE	OF BIRTH	6.	AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
9 9	urs off	Male		White		20, 1929		58	YRS.	
P 0	B & 10	BIRTHPLACE (STATE	OR FOREIGN 76 C	ITIZEN OF WHAT CO	OUNTRY? 8.	D NEVER MARRI	(ED □ 9.	BALTIMORE CITY OR CO	OUNTY OF DEATH	
deoth. Page	27.00	Baltimore,	MD	USA	WIDOW	_		ANNE ARI	NDEL COIN	TY MD.
- te	ifed with	GLEN BU		(IF NOT IN SUCH FACILITY,		OR OTHER INSTITUTE  PTTAT.	10	e USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR AUTO Mechani	RKING LIFE) INDUSTRY	OF BUSINESS OR
MARYLAND 2120	e e .	USUAL RESIDENCE IF		R INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION					
ND 24 1	P P P	Maryland	AA	Seve	OR TOWN	YES NO		street address 1257 Sleepy	Hollow	21144
YLA	she sh	14. FATHER'S NAME				15. MOTHER'S MAI	/ -			
AAR 3		Melvin	n D		Heward. Sr	Kath	erine	MIDDIE		ous
RE, MA		16a WAS DECEASED E	ER IN U.S. ARMED	FORCES? 166. SOC	TAL SECURITY NO.	17 INFORMANT	er me	ADDRESS	1101	243
BALTIMORE,	000	YES, NO OR UNKNOWN	(IF YES, GIVE WAI		-20-2435	Annahel	10 .1	Heward, Sam	e as 13	
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DIVISION OF VITAL RECORDS, NG PHYSICIAN, The law require aftereding physician.	The b	\$ 12n	lieta	melle	le					
00	41000	190. DATE OF OPE	RATION	196 CONDITION FO	R WHICH OPERATION	ON WAS PERFORMED	D	20s. AUTOPSY7 20s	CERTIFYING CAUSE	NGS USED
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OF SE	198 17	4	CAUSE OF DEATH	P.M.	/ 19	12/1				
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IVIS	the chart	WHILE NO	T WHILE	(AT HOME, STREET, PACTO	KI, OFFICE PARM, EIGH	1 (1		1 .	CIA	
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% D	Ped Ped	226. SIGNATURE		1-1		DEGREE		/	22c. DATI	SIGNED /
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5 €	251 EF	BURIAL, CEENATE	DAYREMOVALI I	PATTAZZ	23c. NAME OF	CEMETERY OR CREM	ATORYD N	E CANDLAND	24.06.1	STATE
BP		Burial		ec 2,1987		ven Mem. F		Glen Burnie	24.061 AA	MD
DHMH	16 50M 1/81	24 FUNERAL DIRECTO					25a. DATE R	EC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNA	
	RA 15, 4)	James	S. Kirkl	ey, Glen	Burnie, M	D	DEC (	0 1 1987	lia Danderni	Kandalla

DHMH - 16 60M 7/84

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STATE OF MARYLAND		ND	LA	RY	IA	N	F	0	E	۱	ſΑ	٤.	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REG. NO	4	U	1	-	

	1	REGISTRAR				CERTIF	ICATE OF DEATH	8 / REG. N	10	0 7 7	, 4
6_NOV 16	87	CEASED NAME	FIRST		MIDDLE		AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
0 0			aRue	Pa	rk	Hig	ggs	November	10,	1987	1000 PM
pog ter de	3 SE	X		4 RACE		5. DATE (		6 AGE (IN YEARS LAST 8	RTHDAY}	IF UNDER I YEAR	IF UNDER 24 HRS
Ts of	Ma	1e		White			ember 6 1907	80	YRS	MONING DATS	MIN.
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10/	Ne	w York		U.S.A.		WIDOW		Anne Arun	del		MD.
11/1/	10.0	ITY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
XX		lillersvil		993 In	dian Land	ing F	load	Self Emp.			cturing
CAR	13a.	STATE	13b. COU	VTY	13c CITY OR TOW	N		13e STREET ADDRESS 993 Indian			21108
1		ather's NAME	Anne	Arunder	Millersv	1116	15 MOTHER'S MAIDEN NA		Lanu.	ing Ku.	21100
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Je de l		WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU		17 INFORMANT (Wif	e) ADDR	RESS		
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or intelligible	¥	OR CONTRIBUTING	4	AIN .	M. MONTH DA	19					
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ECT ed fo or. of em 2		22b. SIGNATURE	(did) (did no	it) view the body	ofter death.		DEGREE		-010 0110 110	22c DATE	
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should be with the S		Jeffrey	C. Sci	hmidleir	n, M.D.		302 Ritchie I	Hwy., Sever	na Pa	rk, Md.	21146
£ ₹ ₹ ₹ ₹ ₹ <b>7</b>	23a.	BURIAL, CREMATION		23b DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	CTATE
P	_	Burial	10	Nov 14	, 1987Met	hodis	MemorialUnite st Church	Millersvi	lle A	.A. Co.	Maryland
AH - 16 60M 7/84		UNERAL DIRECTOR	100	24.			25a DAT	E REC'D. BY REGISTRA	1 .		
(VRA 15, 4)	S	ingleton i	unera	I Home,	Glen Burn	nie,	Md. 21061 NO	V 1 3 1987	Gulia	Durdon-K	andall

NOV 1.3 1987

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Section   Sect	4 1 7 NOV	30.		DEPA			Q 7	3 0 9	7 5
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IN NOR UNROUGH   (F ES GRE WAS ORDATES)   DAVID HASH HR. 39 MADISON PL.	and with			AIDDLE OR'R	15. MOT			BrAGG	51
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION FOR WAS AND WAS	0 0 1	16a V	PAS DECEASED EVER IN U.S. ARA						1 / 0 1
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OR CONTRIBUTING CAUSE OF DEATH OF A THE CONTRIBUTING COURRED  21e. PLACE OF INJURY  (IF EITHER NOTIFY ABDICAL EXAMINER)  P.M. 19  21e. PLACE OF INJURY  (AI HOME, STREET, FACTORY, OFFICE, FARM ETC.)  21l. LOCATION  STREET  CITY OR TOWN  COUNTY  STAFF  AT WORK  NOT WHILE  AT WORK  NOT WHILE  AT WORK  22e. I certify that (I) (this hospital) ottended the deceased from the dote and hour and from the causes state to doore, (I) (we) ydid) (did not) view he body after death.  DEGREE  ATTENDING  PHYSICIAN DIRECTOR PHYSICIAN  22e. ADDRESS  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22d. BURIAL, CREMATION, REMOVAL  (SPECIFICAL EXAMINER)  23d. BURIAL, CREMATION, REMOVAL  13d. DATE  11 - 12 - 87  METROPOLITAN ALEXANDRIA 24 FUNCERAL DIRECTOR  25d. DATE REC'D. BY REGISTRAR 25 STREET AND RICAL  25d. DATE REC'D. BY REGISTRAR 25 STREET AND RICA	prior prior	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS F	PERFORMED		IN CERTIFYING CAUSES	OF DEATH?
21d INJURY OCCURRED  WHILE AT WORK  AT	g physicial principle of the principle o		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART 1 OR PART 2)	
Sow the deceased olive on obove, (I) (wei) (did not) view he body afterdeath.    Some the deceased olive on obove, (I) (wei) (did not) view he body afterdeath.   19. 17. ond that in (my) (our) opinion death occurred on the date and hour and from the causes state obove, (I) (wei) (did) (did not) view he body afterdeath.   19. 17. ond that in (my) (our) opinion death occurred on the date and hour and from the causes state obove, (I) (wei) (did) (did not) view he body afterdeath.   19. 17. ond that in (my) (our) opinion death occurred on the date and hour and from the causes state obove, (I) (wei) (did) (did not) view he body afterdeath.   19. 17. ond that in (my) (our) opinion death occurred on the date and hour and from the causes state obove, (I) (wei) (did) (did not) view he body afterdeath.   19. 17. ond that in (my) (our) opinion death occurred on the date and hour and from the causes state obove, (I) (wei) (did) (did not) view he body afterdeath.   19. 17. ond that in (my) (our) opinion death occurred on the date and hour and from the causes state obove, (I) (wei) (did not) view he body afterdeath.   19. 17. ond that in (my) (our) opinion death occurred on the date and hour and from the causes state obove, (I) (wei) (did not) view he body afterdeath.   19. 17. ond that in (my) (our) opinion death occurred on the date ond hour and from the causes state obove, (I) (wei) (did not) view he body afterdeath.   19. 17. ond that in (my) (our) opinion death occurred on the date ond hour and from the causes state obove, (I) (wei) (did not) view he body afterdeath.   19. 17. ond that in (my) (our) opinion death occurred on the date ond hour and state of the cause of the cau		MEDIC				CATION	CITY OR TO	wn county	STATE
DEGREE  226. DATE SIGNATURE  226. DATE SIGNED  227. DATE SIGNED  2	TTEN Pitol for u of He		sow the deceased alive on.	0 211/13	1	(my) (our) opinion	, 10	, 17	that (I) (we)
BP	FALOR A y the hos RAL DIREC detached ote Dept.		22b. SIGNATURE		MOD		MEDICAL STAI		SIGNED
BP	O HOSPII stained by O FUNER hould be with the Sh		Victor	Plarner	15	al Ri		ghway A	2 Nold
						YOR CREMATORY TAN ALE	C. C	AIRFAX	GINIÂ
ROBERT E. EVANS 1212 WEST ST. ANNAPOLITION 5 1007	DHMH - 16 60M 7/84			ADDR				24 RESERVICE POINT	IRE

MOV 2.5 1987 J - 2-74-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR EASED NAME 20 DATE KNOWN X MONTH ESTI-E FUNERAL DIRECTOR.
E 5, FOR YOUR FILES.
ED, WITHIN 72 HOURS CLARENCE Hittel. DEATH MATED CHARLES 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. I IF UNDER 24 HRS 5. DATE OF BIRTH 2c. DATE MONTH LAST BIRTHDAY) PRONOUNCED Male White 11-18-87. 2:14P 4,1928 59 Nov 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. Anne Arundel County DIVORCED WIDOWED . ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Arms Gun Store Glen Burnie Self Employed Gun Store USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Anne ARundel Linthicum 116 Michael Avenue Maryland 21090 YES -14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MAIDDLE Charles Hittel, Sr. Mildred Bach 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. I) INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as 13 Yes Korean 220, 20, 9182 Marlene T. Hittel 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Shotgun wound of head DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 3 SHOULD BE USED AS A DEPARTMENT OF HEALTH 1 PRIOR TO BURIAL, CREM CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING KOR subject shot MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) 7428 B&A Blvd. Anne Arundel Co., Md. WHILE AT WORK TO NOT WHILE aun store TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 X 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide X death resulted fram: A Natural causes Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 11-19-87 M.D. Assistant MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. ADDRESS 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Nov. 21, 1987 Loudon Park Cemetery Baltimore Maryland 07/84 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE **DHMH - 17** Singleton Funeral Home, Glen Burnie, Maryland (VR A15 ME (5))

STATE OF MARYLAND

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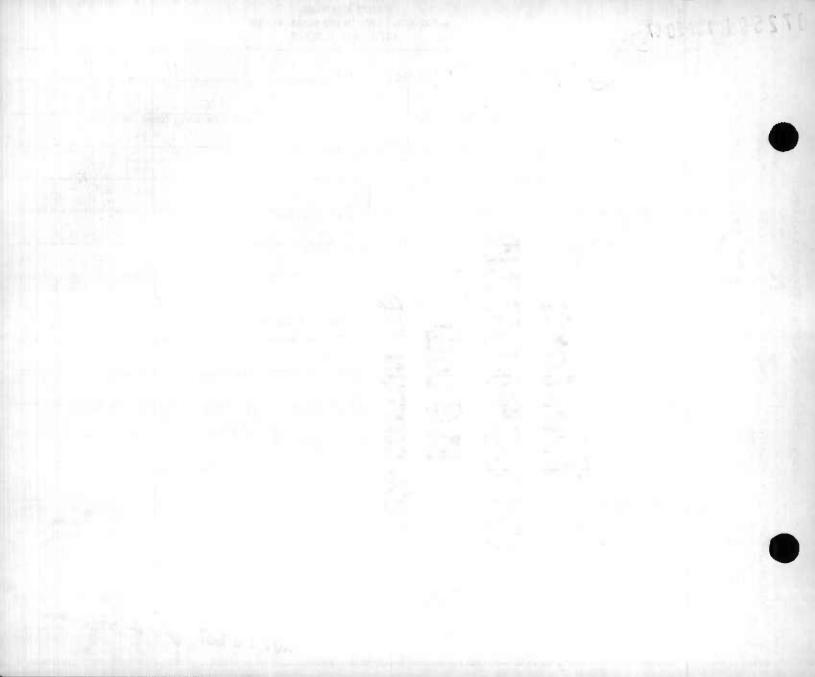
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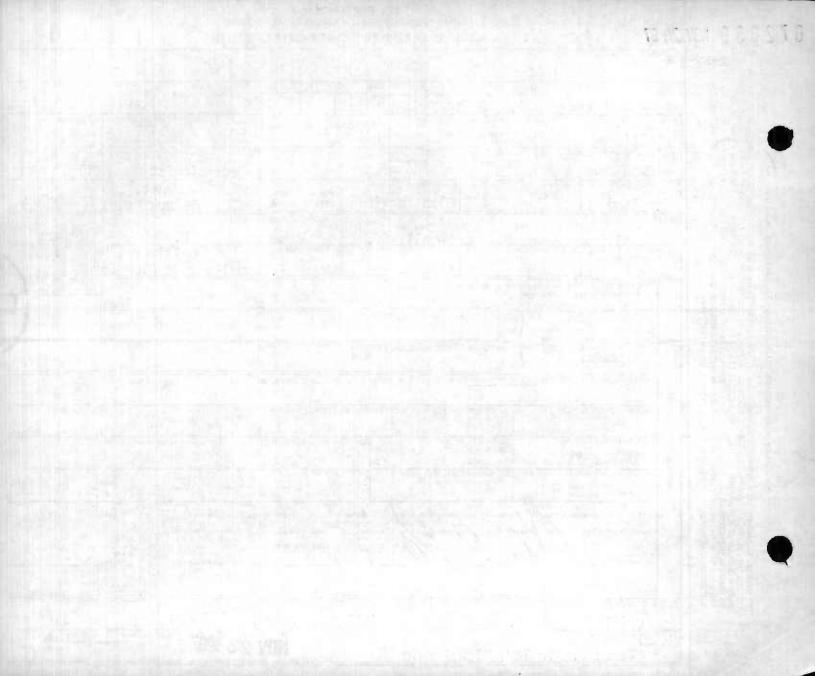
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ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL BURIAL

236. DATE 11/23/87 Baltimore National

Baltimore

DHMH - 16 60M 7/84

TO HOSPITAL

BP.

MPORTANT: If Hem 21 is

Raymond C. Fink Glen Burnie, Md. 21061

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECLASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) **JONES** WILBUR **FULTON** SR NOVEMBER 22, 1987 0505 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH DAY YEAR MALE BLACK 26 1902 BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED COUNTRY ANNE ARUNDEL COUNTY MARYLAND WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 128. USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRE LI NORTH ARTINDET ABOSPITAL GLEN BURNIE General Contractor Employed USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21144 1136. COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 609 Jones Road. Severn, Md. Maryland A.A. Co. Severn YES [ NO K 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST John B. Jones Minerva Williams ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT 21144 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-07-3832-A No. Helen A. Jones 609 Jones Road Severn APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION 19a DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ the burial-transit and Mental Hyas 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY ö COHNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from NOV. 2 saw the deceased alive on abave (I) (we) (did) (and not) view the bady after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL ( PHYSICIAN PIRECTOR PHYSICIAN 220 ADDRESS 226. PHYSICIAN'S NAME 7845 OAKWOOD ROAD, SUITE 204 GLEN BURNIE, MARYLAND 21061 shoul with CHARLES J. WU. M.D 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN (SPECIFY) Arbutus Memorial Park Maryland DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATUR 24 FINERAL PRESPUNERAL HOMES, INC. DHMH - 16 50M 1/81 (VRA 15, 4) 2501 Gwynns Falls Pkwy, Baltimore, Md. 21216

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by the hasp leral Director of the base leral Director of the base State Dept.		27h. SIGNATURE	u S	/	DEGREE  MD ATTENDING PHYSICIAN	MEDICAL STAF	F	1-26-57
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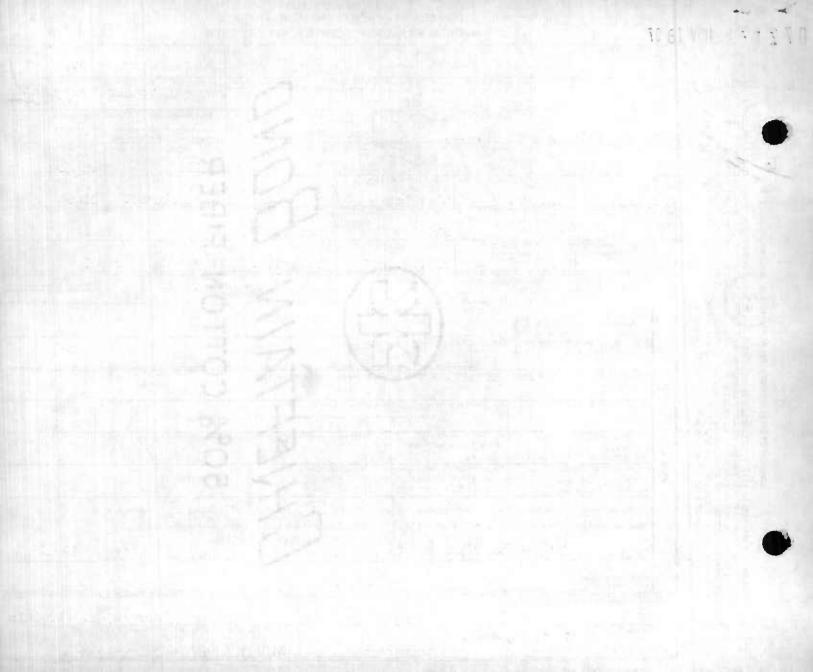
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DIVISION OF VITAL RECORDS.	"FENDING" IN IT. "FENDING" IN IT. EF MEDICAL EXA- SED AS A BURIAL- HEALTH AND MEI AL, CREMATION, OF	Z	PART 2 OTHER SIG	MIFICANT CONDITION:	CONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERM	AINAL DISEASE	OR COHDITIO	ON GIVEN IN PART	T 1 (a),				
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	TO MEDICAL EXAMI EXECUTE THE CERTIFI PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH AFTIMORE, MARYLU		(TYPE OR PRIN	IT)	Margarit								reer		
	<b>AUSTA9</b>	(	SPECIFY)	ION, REMOVAL		ΰ'n	NAME OF SE Ited M eenwoo	METERY O	R CREMATO	hurch	23d. LOC	ATION		COUNTY	STATE
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MCZ	DHMH - 17		UNERAL DIRECT	D. A	Hopksones	1		Ma		250. DATE RI			AND REGISTRA	AR'S SIGNATURE	
	(VR A15 ME (5))	S	ingletor	n Funera	1 Home, G	ten R	urnie,	Md.		NOV	17	1987	· A	200	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO PECEASED NAME MIDDLE LAST 20. DATE OF DEATH 26 HOUR MONTH KTLMON NOVEMBER 4. RACE 3. SEX 5"DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY IF UNDER I YEAR DAYS 1902 female white 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED U.S.A. Md. WIDOWED [ DIVORCED [ 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY homemaker GLEN BURNIE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NORTH ARUNDEL HOSPITA USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 1228 Hillside Rd. 13d. INSIDE CITY LIMITS? 21122 Md. Pasadena A.A. YES [ NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Dunkle Cora Samuel Howard ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT TYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATES! 220 05 3173A Thomas H. Kilmon (same as 13E no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a), stating the DONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 50as water 20a AUTOPSY? 206. JF YES, WERE FINDINGS USED 19a DATE OF OPERATION DE CONDITION FOR WHICH OPERATION WAS PERFORMED INCERTIFYING CAUSES OF DEATH? NO YES [ burial-transit Mental Hygie 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 0 CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 270.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on him the body after death. and that in (my) (pu) opinion death occurred on the date and hour and fram the couses stated 226 SIGNATURE DEGREE 22r. DATE SIGNED detach tote De ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be c with the Sta 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 3708 MOUNTAIN ROAD 230. BURIAL CHE MA 23c. NAME OF CEMETERY CONTRACTOR Md . (SPECIFY) burial 11/19/87 Cedar Hill Cemetery Brooklyn BP 4001 Ritchie Hwy. 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 Beorge J. Gonce Baltimore Md. 21225 (VRA 15, 4)

YEARS BEESTA BOW

CLES SUBSTITUTE PROPERTY AND AND ADDRESS OF THE PROPERTY.

JUST PERCHANGE, L. L. PASATEMA, MARYLANG 211227 LT

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	ARY, PLEASE L DIRECTOR. YOUR FILES. N 72 HOURS NON STREET,	3 :	M Cau	5. DATE OF BIRTH	YEAR 6 AGE (IN YEAR LAST BIRTHDA	MONTHS!	DAYS HOURS	24 HRS 20 DATE MIN PRONOUNC DEAD	MONTH ED	DAY YEAR 24 HOUR 11 1987 2300
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IDS, 201 W. PRESTON ST	UTED WITHIN IN PENCIL IN EXAMINER VIAL - TRANSI ON MENTAL HYDON, OR REM		Conditions, if ony, which gove rise to immediate couse (o) stoting the underlying cause last.  PART 2 DTHER SIGNIFICANT CONDITIONS	(b)	AS A CONSEQUENCE OF	of Co	CONDITION GIVEN IN PAIR	rrest.		
DIVISION OF VITAL RECORDS.	( ) ( ) = 0 / ( ) = -		Lung (	196 CONDI	TION FOR WHICH OPER	ATION WAS P	PERFORMED?			20 AUTOPSY?  YES NO D
ONO	R: THIS CERTIFICATE, SHE THE, WRITING THE WORN SWARDED TO THE CH R: PAGE 3 SHOULD BE E STATE DEPARTMENT D, 21201 PRIQR TO BUR	3		DEATH P.M	MONTH DAY YEAR			O SENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PA	
DIVIS	ESSEE.		214. INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCATI		CITY OR TOWN	CC	DUNTY STATE
•	MEDICAL EXAMINE COUT THE CERTIFICA DE 4 SHOULD BE FOURERAL DIFECTO FER DEATH, WITH TH	Z	220. I certify that I taak charg death resulted from: Nature ACTUAL SIGNATURE CAME (TYPE OR PRINT)	e of the remains des		Autopsy [ icide ,  M.D.  ADD	Homicide ,	Undetermined moni	DATE	pinion ED/1/12/87 Pt. 21035
07/8				16Nov198		Hill C	emetery			Maryland
25M	DHMH - 17 (VR A15 ME (5))	24	FUNERAL DIRECR®bert Suitlan	E Wilhe d Mary.	lm Funeral Land	. Home	25a. DANC	14 Rei 1391	256 REGISTRANS	SHEMMING AND THE

1001 9 1001 PARK DELL'S PRINCE Frankel Cook Retired Designed M. J. P. Separate 213 Hally Killy and on From LEVELLY P. Jews SAS LIMOUSEN CHESTS

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ector, pog		3. SE		4. RACE Whit	te		F BIRTH 1 DAY 27 YEAR	6. AGE LIN YEARS LAST BIRT	/ Management and a second	YEAR WINDER ZEHRS DAYS HOURS BARE
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	)		ity or town of DEATH dgewater				onv.Ceneer	TREE WORK POTST	WORKING LIFE) INDUS	nd of Business or STRY C, Police
124 hours	тов ре	13a.	AL RESIDENCE (# NURSING STATE M.Q.	HOME OR OTHER INSTITUTION	130 Edgew		13d. INSIDE CITY LIMITS?	134. STREET ADDRESS	25 Shore	Dr 21037
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Poges 1	medico	16a \	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166. SOCIAL SEC		Evelyn M	cCutcheon address	Edgewate	er Md.210
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4 moy or, pog ofter de	3. SE	(	4. R	RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BE	RTHOAY)		IF UNDER 14 HRS
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# # P & # #		sow the dec	eosed olive on	11/12		that in (pry) (our) opinion	death occurred on the	date and hour	and from the co	ouses stated
OR ATTEN ne hospitol DIRECTOR oched for u Dept. of H if hem 21 is		27k SIGNATURE	e) (did) (did/hot) vi	ew the body ofter death.	DE	GREE			22c. DATE S	IGNED
		a	Done	_	MI	ATTENDING	MEDICAL STA	(FF	11/1	2/84
ERA Stot		22d. PHYSICIAN'S	NAME (TYPE OR PR	INT) /		22R ADDRESS	PHIS	CIAN	1 //	7
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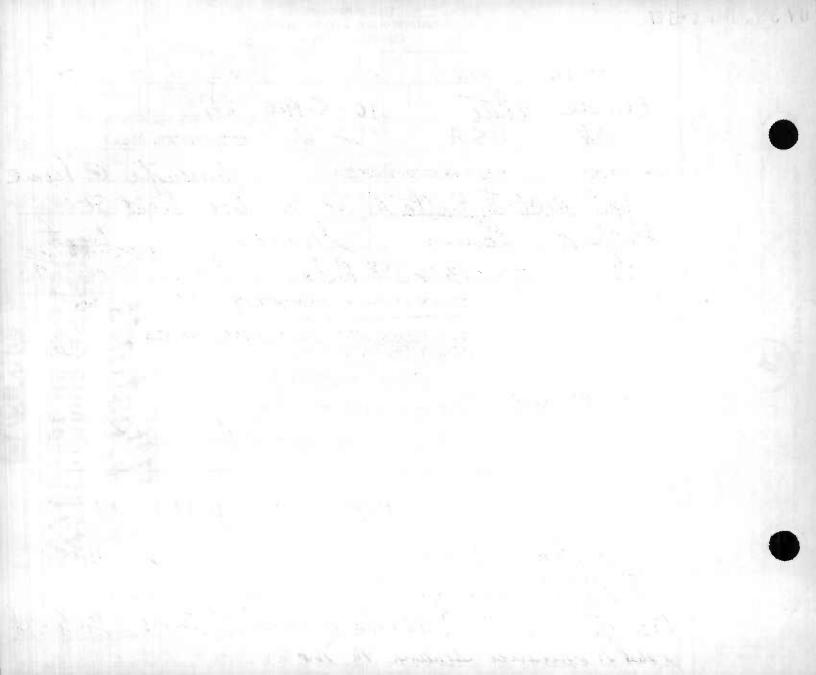
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE S CERTIFICATE OF BEATH GISTRAR DATE ASED NAME 20. DATE KNOWN CTYPE CHARMES ESTI-20 DEATH MATED 6 AGE (IN YEARS DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. DIVORCED X WIDOWED NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS loca. Roiler Maker THER INSTITUTION, GIVE RESIDEN & BEFORE YOMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Severn YES [ IA FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Lewis Victoria 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRES (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Patricia Trvine 18 CAUSE OF DEATH (Enter only one cause per line for ) Drums. Pa rrest, BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 90. DATE OF OPERATION 20 AUTOPSY? YES 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 220 I certify that I took charge af the remains described obave, held on Autapsy Inspection X death resulted fram: Natural causes Accident Suicide Homicide \_\_\_ Undetermined monner EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE STATE "Buria] Meadowridge Mem Pk. Md 07/84 25M E. PatapscossAve., Balto., Md **DHMH - 17** (VR A15 ME (5)) Home of Brookylyn

Report Lee Cours MI ( Care 1/2 22 38 48) 1960 TOTAL TEST TEST PROPERTY SALVANA THE STREET Mid. A.A. & Section of The Telegraph and The date of the said The partie of this weather District the the Deputy Deputy is the first William P Jews no 695 them as a Ct 21039 

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MOVEMBER 07, 3887 600

JATINESE ANDRINA SITRON STREET, ALLO

203 E. PATAPSCO AVERUE DALITHOUS, JUNEAU 21225

SURYA P. MURRIA, M.D.

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DHMH - 16 50M 1/B1	24 F	UNERAL DIRECTOR		AODRES		25a. DA	TE REC'D. BY REGISTRAR		-
(VRA 15, 4)	G.	P. Kalas F.H.	6160 Ox	n Hill	Rd. Oxo	n Hill, Md	। १ व मध्य	Julia Devider Lands	~

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THE STATE OF THE VOICE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 25 HOUR (TYPE OR PRINT) Louis Edward Lueders. Sr. November 12 6,03 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 3. SEX MONTH Male Caucasian Dec. 16, 1938 48 TO BIRTHPLACE ISTATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED US Anne Arundel WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Glen Burnie Truck Driver Trucking North Arundel Hospital L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 136 COUNTY Md. A.A. 1012 Generals Hwy. 21032 Crownsville 15. MOTHER'S MAIDEN NAME I. FATHER'S NAME MIDDI MIDDLE Charles Ottilia Lueders.Sr. Leaf ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1956-1959 216-34-0243 Mary Anne Lueders same as 13e III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 20a AUTOPSY? DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 211 LOCATION 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased fram. \_\_\_\_, that (I) (we) last and that in (my) (our) apinian death accurred on the date and havi and from the causes stated saw the deceased alive an\_ abave, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23h DATE STATE Cremation Balto Wash Crematory Laurel 11/15/87 7601 Sandy Spring Rd. 250. DATE REC'D. BY REGISTRAN 256. REGISTRANS DHMH - 16 60M 7/84 Fleck Funeral Home Inc. Laurel, Md. 20707 (VRA 15. 4)

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH DECEASED NAME MIDDLE MONTH 26 HOUR (TYPE OR PRINT) r death WILLIAM MAHLE 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER VEAR 3. SEX 4. RACE 5. DATE OF BIRTH MONTH Male White April 19, 1908 TO. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY USA Maryland WIDOWED DIVORCED [ ANNE ARUNDEL 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Engineer MARYLAND 21201 GLEN BURNTE National Brewer NORTH ARUNDEL HOSPITA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21061 130. STATE 136. COUNTY 13c. CITY OR TOWN 138. INSIDE CITY LIMITS? 13e. STREET ADDRESS Glen Burnie 7501 A Furnace Branch Rd. Maryland Anne Arundel YES [ NOX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST (UNKNOWN Mahle Marie (UNKNOWN) **ADDRESS** BALTIMORE, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (Wife) (IF YES, GIVE WAR OR DATES) No NA 215.03.7596 Marie M. Mahle Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? the burial-transit per and Mental Hygiene NO 21a, ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDIC ALEXAMINER) P.M 19 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION marked or CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive of and that in (hy) (aur) apinion death occurred on the date and haur and from the causes stated obove, (1) (we) (did (did nat) view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED A TENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL Could be deta IMPORTANT. 224 PHYSICIAN'S NAME LINE OF PRINTS 22e ADDRESS should be with the S 7845 OAKWOOD ROAD, SUITE 204 231. NAME OF CEMETERY OF CREMATORY TO LOCATE LAND 21001 230 BURIAL CREMATION REMOVAL Security Process, Inc. Catonsville, Balto. Co., Md. 1987 Cremation 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) Singleton Funeral Home Glen Burnie, Maryland Designer.

STATE OF MARYLAND

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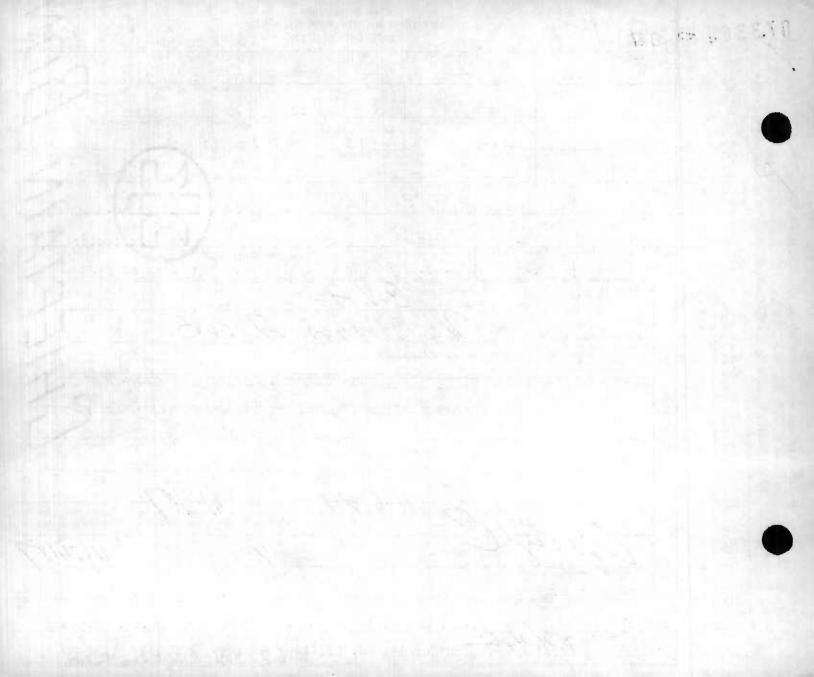
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W ( ) ( )		H.	Ambi		Marsden		Annie	T.		Whela	
ORE,		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SEC		17. INFORMANT	ADD	RESS		
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ING PHYSICIAN: The low requires that the death certificate of the control of physician.  Wher this certificate has been signed by the attending physician as the buriol-transit permit. Then please certificate points to buriol, the manner carbon plays in an additional Hygiene prior to buriol, the manner carbon plays or ked or them 18 shows any injury, at anher traumatic events orked or them.		Conditions, if any,	AS CAUSED IMMEDIATI	E CAUSE (o)	R AS A CONSEQUE	JENCE OF	rhymthia notory du	ease			MATE INTERVAL DNSET AND DEATH MATERIAL
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AL RECOR	CERTIFICATION	190 DATE OF OPERAT				H OPERATIO	WAS PERFORMED	20€ AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES S	OF DEATH?
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TTEND or pirot or TTOR: A for use of Heol		22a. I certify the (1)	d oliveron	~11//	10	87.	nd that in (ny) (9rr) opinio	n death occurred on the	date and hour		that (11) we) last couses stated
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TO HOSPITAL retained by the TO FUNERAL should be det with the Store MinpoRTANT;		VGeor	ge C	and the	mara s		205 Rid	gely Ave	2 Anv	rapolis	, wel.
BP		BURIAL CREMATION, Burial		236. DATE Nov. 25			et Cemetery or crematory	Mashing	ton,D.(	COUNTY	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		uneral director eVol Funers	Hon Hon	ne 2222	Wisc. A	ve.,NW	200	ATE REC'D. BY REGISTRA DV 25 1987	R 25h	Buden.	Readers

NOV 25 Sec. J. Sec. d.s. VOM

STATE OF MARYLAND

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	1 DECEASED NAME FIRST	MIDDLE	LAST	2ª DATE OF DEATH MONTH	DAY YEAR 26 HOUR
be oge 3 death	(TYPE OR PRINT) Hazel	Freda	Martin	November 24, 198	87 M
pog er de	3 SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
ctor.	Female	White	April 8 1912	75 YRS	NONTHS DATS HOURS MIN.
90 P P P P P P P P P P P P P P P P P P P	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8	9. BALTIMORE CITY OR COUNTY	OF DEATH
of h.	Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		
thing by	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	Anne Arundel	12b KIND OF BUSINESS OR
= 25 to 10	Glen Burnie	8933 Twin Ridge	Road	(TYPE OF WORK FOR MOST OF WORKING LIFE	
S S S S S S S S S S S S S S S S S S S		E OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)		Own Home
24 24 Illed	Maryland Ann	e Arundel Glen But		13e STREET ADDRESS / ZIP CODE	
hin hin sho	14 FATHER'S NAME	e Arunder Gren bu	15 MOTHER'S MAIDEN NA	18933 Twin Ridge	Rd. 21061
AR with	Arnold	H. Norris	FIRST	WIDDLE	LAST
d com	MAS DECEASED EVER IN U.S.		Amelia  URITY NO 17 INFORMANTCrand	ldaughter)DDRESS	chleuter
PRESTON ST., BALTIMORE, MARYLAN he death certificate be executed within 2 hie annualing physician and completely fill eno collections. Pages (3cd 2 should be controlled by controlled b	(YES, NO OR UNKNOWN)             YES	N/A 216.05.9		en L. Gray Same a	ıs #13
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ON STATE OF THE CO.	3	DUE TO OR AS A PHISEO	ENCE OF	7sev6.	
deod deod	Conditions, if any, which	( b) Ny	El Miss. F	75000.	
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quire quire signi fhen p to bu					
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RECTOR RECTOR red for uppt of H	sow the decoased olive	on 19.	, and that in (my) (our) opinion	death accurred on the date and have	r and from the couses stated
OK ATTEN the hospital DIRECTOR oched for u Dept of He	22b. SIGNATURE	all.	DEGREE		224 DATE SIGNED
th the the the the the the the the the t	011-	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/17/18/
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op of shape of the state of the	23a BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	236 LOCATION	
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	24 FUNERAL DIRECTOR	H 2416:	25a DA	TE REC'D. BY REGISTRAR 256 REGIST	
DHMH - 16 60M 7/84 (VRA 15, 4)	Singleton Funer	al Home, Glen Bur	nie, Md. 2106 NOV	27 1987 A Mind	D. Fire



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Sec. 25		RTHPLACE I STATE OR FO	OREIGN 7b. (	CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED		ARUNDE		
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and bud	13a. S		NG HOME OR OTH 136. COUNTY Anne Ar		GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN Glen Burn		13d. INSIDE CITY LIMITS?	130 STREET ADD	oress liams R	oad 2	1061
de Carie	14 F/	THER'S NAME FIRST	Albe	DLE	Marvel	1.5	15. MOTHER'S MAIDEN NA FIRST Sophia	AME	NDOLE	Peusc	LAST
icol es		VAS DECEASED EVER	IN U.S. ARMEE		166. SOCIAL SECURI		17 INFORMANT (SIS		ADDRESS		
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ORTAN /	1	22d. PHYSICIAN'S NA						AQUAHART			
1 4 8 V		VICTOR S						IE, MARY		7	
	230 B1	BURIAL, CREMATION, 1 SPECIFY) 1rial		236. DATE Dec., 2			TEMETERY OR CREMATORY Ven Memorial	Pk Glen B	urnie A	.A. Co	Marylan
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oy be age 3 deoth	(TYP	KENNARD	(ASA)	A. M	ATTHE	WS	NOVEMBER	20, 1	1987 937 PM M
ad ad	3. SE	X	4 RACE		5. DATE		6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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9 3 9	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA		12b. KIND OF BUSINESS OR
- 专 \$	G	LEN BURNIE	NORTH	ARUNDEL H	OSPIT	AL	Retired	OF WORKING LIF	E) INDUSTRY
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MARYLAND 2120 ied within 24 hours completely fifted in branches fould be fill		Md III	TH	Glen Bur		YES NO XX	352 Addis		21061
The second	14 E	ATHER'S NAME	MIDDLE	ŁAST:		15. MOTHER'S MAIDEN NA	MIDDLE		LAST
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BALTIMORE, cote be execut yskion and copers. Pogrium	1	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	216-16-900	05	Dolores H. Matt	hews 352	Addison	Drive
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he d moti		gave rise to immediate cause (a), stating the	DUE 10	1//					
that the laby the sose re		underlying cause last	DOE TO,	OR AS A CONSEQU	ENCEOF				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OF PHYSICIAN. The low requires that the death certificate this certificate has been signed by the attending phase the burial-transit permit. The places remove corbang then Mental Hygiene prior to burial, cremation, or removed or term and shows only injury, or other transmatic events.	Ш	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIV	EN IN PART Ita
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TTEN pritol TOR: for us of He		sow the deceased alive air abave, (I) (we) (did) (did) n	at) view the bod	ly attendenth	1,0	nd that in (my) (our) opinion	death occurred on the	dote and hou	or and from the causes stated
OR A he has DIREC oched Oched Dept.		22b. SIGNATURE		1/1		DEGREE			22c DATE SIGNED
Al C the Date Dote Date Date Date Date Date Date Date Da		100				MATTENDING PHYSICIAN	MEDICAL ST	AFF	11-20-87
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0 % 0 % X		BURIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF	CEMETERY OR CREMATORY	23d LOCATION	1 4100.	
BP		Burial	11/25	5/87	it Res	t Cemetery	Harmon	S	COUNTY STATE
DHMH - 16 50M 1/81	24 F	UNERAL DIRECTOR	1/		3 1100		TE REC'D. BY REGISTRA		Pad ByGHAME LAND
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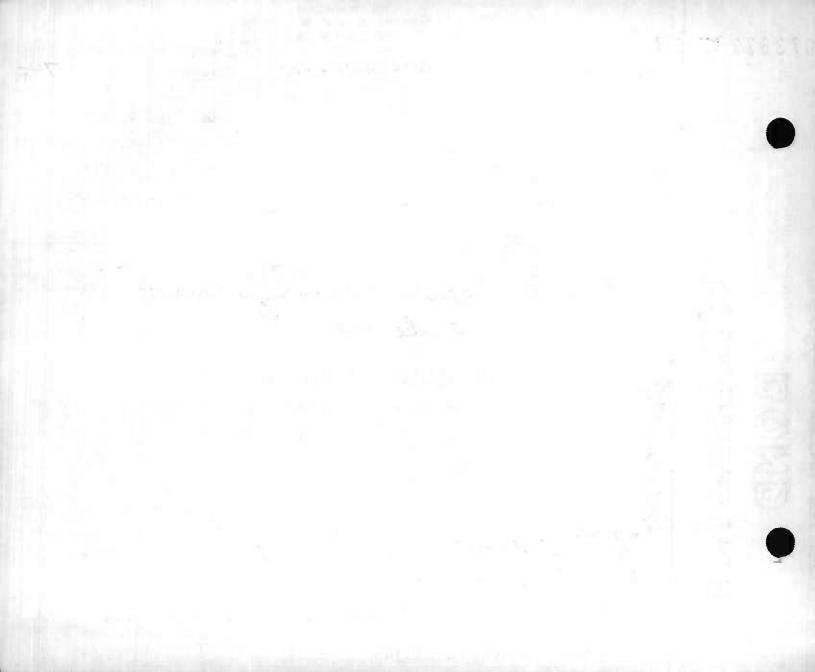
STATE OF MARYLAND

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	death. Page	20	Ma	ryland	United	States	WIDOWE		Anne Arur	ndel Co.		MD.
101	offer of	3		napolis	11. NAME OF I	HOSPITAL, NURSIN THEACILITY, GIVE STREET TUNDEL GO	ig HOME ( ADDRESS) enera]	Hospital	12g USUAL OCCUPATION OF COMPACE OF WORK FOR MOST COMPACE - MGT	OF WORKING LIFE)	IZE KIND OF EINDUSTRY Uphols	
MARYLAND 2120	filled in by	5	130 MC	AL RESIDENCE (# NURSING HOME O STATE 13b. COU A.	NTY	GIVE RESIDENCE BEFORE 131. CITY OR TOW Annapol	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔼	130. STREET ADDRESS 1113 N. S	cyway Di	r. /214	01
RYL	within within		14. F/	ATHER'S NAME FIRST	WIDDLE	LAST	778	15 MOTHER'S MAIDEN NO	AME		LAST	
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4 OF VI	PHYSICIAN: The ending physicial this certificate to buriol-transition and Mental Hyginal conference of the ending the end	1		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.		AY YEAR		KRED (ENIER NATURE OF INJU	RY IN LIEM 18 PART	TORPART 2)	
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۵	haspital or off RECTOR: After hed for use as the ept of Health ar	2		22a. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did n	n	19_	, or	nd that in (my) (our) apinior	, to, to	ote and hour or		ot (I) (we) lost uses stated
	A A B d a			220 SIGNATURE	on view the body	prier deom.	_	DEGREE			22c. DATE SH	GNED
É				H. D. P	olds	en	-0	ATTENDING PHYSICIAN 22ª ADDRESS	MEDICAL STAI		11-27	-1987
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	F = + 2 3 3		23a	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	CITY OF FOWN	c	OUNTY	STATE
	BP:			Burial, Cremation, Removal (SPECHY) Burial UNERAL DIRECTOR POR		3-1987 H:	illcre	est Cemetery	Annapoli		A.	Mcl.
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STATE OF MARYLAND

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0 m E		CEASED NAME FIRST	MIDDLE		AST			ONTH DAY YEA	AR 2b HOUR
4 may be tor, page 3 after death		RICHARD	J	MCGUI		SR	NOVEMBER	2. 1987	
or, p	3. SE		4. RACE	N S. DATE C		22 YEAR			DAYS HOURS MIN.
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op ou		MARYLAND	U.S.A.	WIDOWE		ORCED [	ANNE ARI		MD.  ND OF BUSINESS OR
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Within within within d 2 s s o	_	ATHER'S NAME		JII DULIII-C	15. MOTHER'S		ME		
W. PRESTON ST., BALTIMORE, MARYLAND 2120 I the dearn certification are executed within 24 hours by the attending ply, that and completely filled in by the remove conditional. " Noges   And 2 should be fif cremation, or removal." inher traumatic event, the medical examiner may be in	U	JAMES	MCG	uire	Lili		MIDDLE	Gurlo	
MORE,		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SO	CIAL SECURITY NO.	17 INFORMAN	I Gle	n Burnie REGuire 1216	Maryland	21061
IIWO		YES WW	GIVE WAR OR DATES) 214	16 3572	Anna :	L Mc	Guire 1216		
BALT Specific of the		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	anly one cause per line for	p) (b), and (c)	- C.	000	21.6.	Dec 1 BOX	PROXIMATE INTERVAL
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O Company of the Property of t			DUE TO, OR AS A C	ONSEQUENCE OF	Da.	1	2.2.	118	
RES de	1	Canditions, if any, which gave rise to immediate	(b) to	one	1760	200	1010		
		cause (a), stating the underlying cause last	DUE TO, OR AS A C	ONSEQUENCE OF	261	I L	selse		
DIVISION OF VITAL RECORDS, 201  ING PHYSICIAN: The low requires the cattending physicion.  When this certificate has been signed be os the burial-transit permit. Then plea th and Mental Hygiene prior to burial, orked or lean 18 shows any injury, or or orked or lean 18 shows any injury, or or orked or lean 18 shows any injury, or		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PAI	RT 1(a)
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TALRE lo ricion.	E						YES NO	YES 🗌	№ □
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Spito CTO Hfor of h	1.5	saw the deceased alive abave (I) (we) (did) (did	not view the body after de	ath. 19 , a	nd that in hav la	aur) apinian	death accurred on the dat	e and haur and fram	the couses stated
OR AT DRECT Oched to Dept. of If hem 7		77b. SIGNATURE	10//		DEGREE	TENDING Y	MEDICAL STAFF		DATE SIGNED
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TO He should with the	122	ROBERT B KR		122. NAME OF C	EMETERY OR CR	V BURN	IE MARYLANI	21061	
BP	230	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	236 DATE 1 11/5/87		laven P		Glen Bur		Md STATE
		UNERAL DIRECTOR	F=/ -/			250 PA			SNATURE
DHMH - 16 50M 1/81 (VRA 15, 4)		ymond C. Fi	nk Glen Bu	rnie, Md	21061	NU	VUS 1987	Sh. JEGIGTRAPE SHO	er. Kudall

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		FOR	D		E OF MARYLAND IEALTH AND MENTAL HY	GIENE	- 1 0 7	0
NOW I	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 / REG. NO	3 1 0 3	EST
NO A	(TYPE	EASED NAME FIRST CLARICE	P Mc Keev	er-MARTIN	AAST V	20. DATE OF DEATH NOVEMBER		830 AM
	3. SEX		4. RACE	5. DATE (		6. AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
		Female	White	Apri		87	YRS.	
of parties	C	THPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF WHAT CO	UNTRY?	D NEVER MARRIED		OR COUNTY OF DEATH	MD.
4	G	Y OR TOWN OF DEATH LEN BURNIE	11. NAME OF HOSPITAL,			120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired -	Seamstress	BUSINESS OR
2 10	13e. S		UNTY 13c. CITY	or town ersville	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 64 Rol-Par	rk TrailerVill	21108 lage
Mine	14. FA	THER'S NAME		LAST	15. MOTHER'S MAIDEN NA			
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medicol		AS DECEASED EVER IN U.S., 155, NO OR UNKNOWN) (IF YES, 100)	CIVE WAR OR DATEST	09-5778	Frances Har	tlove, 544 M	Marc Rd., Mill	lersvill
event, the		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (o	), (b), ond (c).)		<b>^</b>		ATE INTERVAL
that the death certific a by the gifending phy activities e carbon po and termon or remove and the common of the certific			ATE CAUSE (o) ACM	te 828	phreter,	talure		
			DUE TO, OR AS 4-50		1 1 1			
	- 1	Conditions, if ony, which gove rise to immediate	(b)	vere c	-hichsy lux	of disease		
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( 6 )		underlying cause last	(-1-)					
to oth	7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH BUT	- 4		DITION GIVEN IN PART 1(b)	
2	MION	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTIONS WS4	Sileno	z Sclan	derni		Celleed
ws ony injun or oth	IFICATION	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	Sileno	z Sclan	200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES O	OF DEATH?
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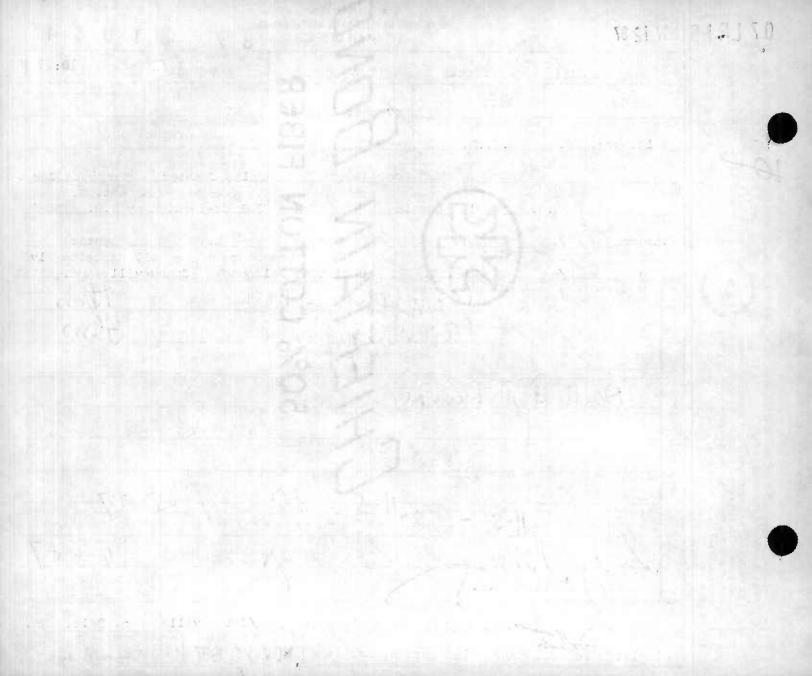
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r. poge	3. SE	Х	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	10 10 11 11 11
rs of		Female	White	Apr. 5, 1906	81	YRS DAYS HOURS MIN.
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os beermit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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ond ond	M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TO	OWN COUNTY STATE
Se o se o mor			ortal) attended the deceased from.	(-3- 1983	10	26 19 87 , that (1) (we) last
for u of H 21 is		sow the deceased alive a	n 10 < 15 194 ot) vigw the bady after death.	, and that in (my) (aur) opinion	deoth occurred an the de	ate and hour and fram the causes stated
hed ept. Item		226. SIGNATURE	GI VIEW the body differ death.	DEGREE		22c. DATE SIGNED
detac detac tote D		May	N Devely	ATTENDING PHYSICIAN [	MEDICAL STAI	
ASSE		22d. PHYSICIAN'S NAME LYPE	OR PRINT)	22e ADDRESS	-	21061
should be d		Dr. Hilary	T. O'Herlidy,	M.D. 325 Hospit	tal Dr., G	len Burnie, Md.
F * 3 3		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
		Burial	11/30/87 C	edar Hill Cemete	ery Ballto	A.A. Co., Md
- 16 50M 1/B1 RA 15, 4)		UNERAL DIRECTOR	237 E. Rate	AUSCU AVE.	E REC'D, BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
C 14, 7)	M	cCully Funer	al Homes Balto	o., Md.21225 UE	0 1 1987	funa Davidour-Mondalle

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Glen Burnie, Maryland

Singleton Funeral Home

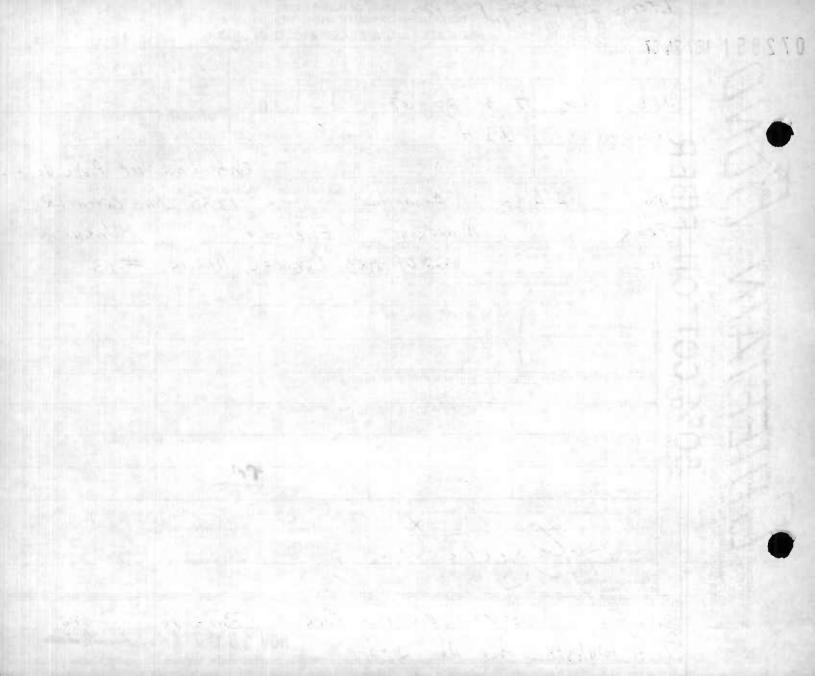
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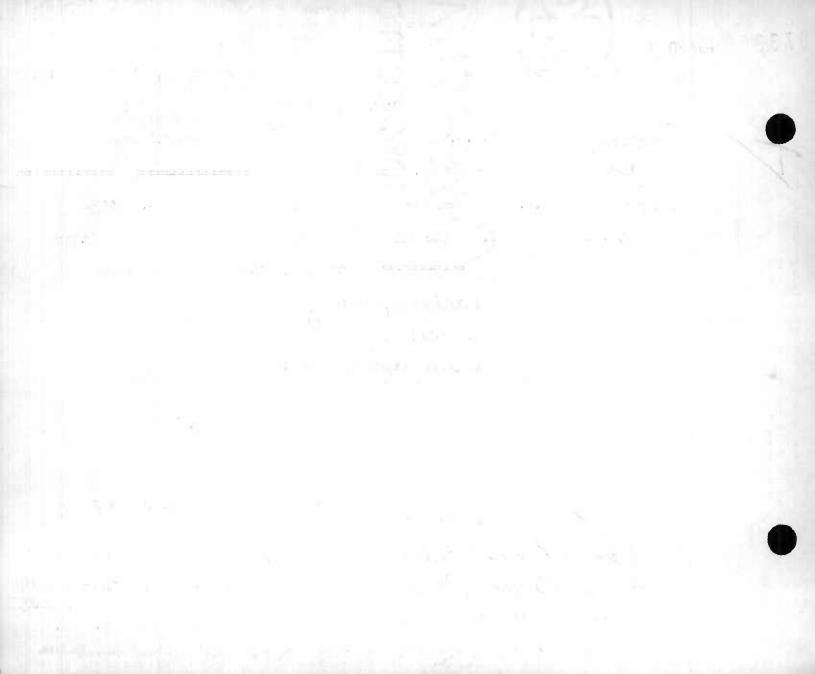


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Para and and and and and and and and and an		224 PHY HEIAN'S NAME LIVE ON HE	(c.000.00)	) 22e.	ADDRESS		/ / /
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	15 C								-	14/10				
. vX	SHEET STATES	-		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  AND AND AND ADDRESS OF THE STREET ADDRESS OF THE						. /	Public Valletie			
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2	ON PERSON		lying cause last.	(c)										
Š			PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	WINAL OISEASE	OR CONDITION GIVEN IN PA	ART 1 (g).						
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	PATH PATH		SIGNATURE /	Mu	u	< _ My	Deniet .	MEDIC	AL EXAMINER		DATE SIGNED_	11 21	. 07	
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR, PAFER DEATH, WITH THE STA BALTIMORE, MARYDAND, 2		EXAMINER'S NAME (TYPE OR PR	John E. Sr	mialek, M.D	•	ADDRESS 111 P	enn St	reet, E	Balt:	imore	,MD 21	201	
	5X4544	230. BI	JRIAL, CREMATION, REMOVAL 2		23c. NAME OF CE	METERY OF		23d. LOCA	ATION		COUNTY	/s	TATE	
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McS	DHMH - 17	74 FI	INERAL DIRECTOR	ADDRESS	na/		250. DATE	PEGD 3 R	987 AR 754	REGISTR	AR'S SIGI	NL URE	-	
	(VR A15 ME (5))	1	H. HARIPSTY	HWN.	11/d. 217	0/			4					





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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MONTH November Nicholas Adam CAU 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR ofter 1890 7a BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Denna Anne Arandel County WIDOWED CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFET ARYLAND 21201 13d INSIDE CITY LIMITS? YES [ 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Nonnenmacher Hath Houth Son water Annold 105 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b) PART I. DEATH WAS CAUSED BY: 20 men IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stating the AS A CONSEQUENCE OF PHTERIOSCIEPOTIC underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NOX NO YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 19 P.M 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY 0 COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE AT WORK AL WORK 220.1 certify that (I) (this happing) attended the deceased from, sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (me) (did) (did non view the body after death 226. SIGNATU DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF FUNERAL DIRECTOR PHYSICIAN MPORTANT: 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRES should b CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY CREMATORY CITY OR TOW DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

Lakemont Memorial

DHMH - 16 60M 7/84 (VRA 15, 4)

Hardesty Funeral Home, Annapolis, Md.

23b. DATE

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

CITY OR TOWN Davidsonville A.A. Md. 256. REGISTRAR'S SIGNAS

23d LOCATION

26 HOUR

126 KIND OF BUSINESS OR

21140

TAYLOR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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COUNTY

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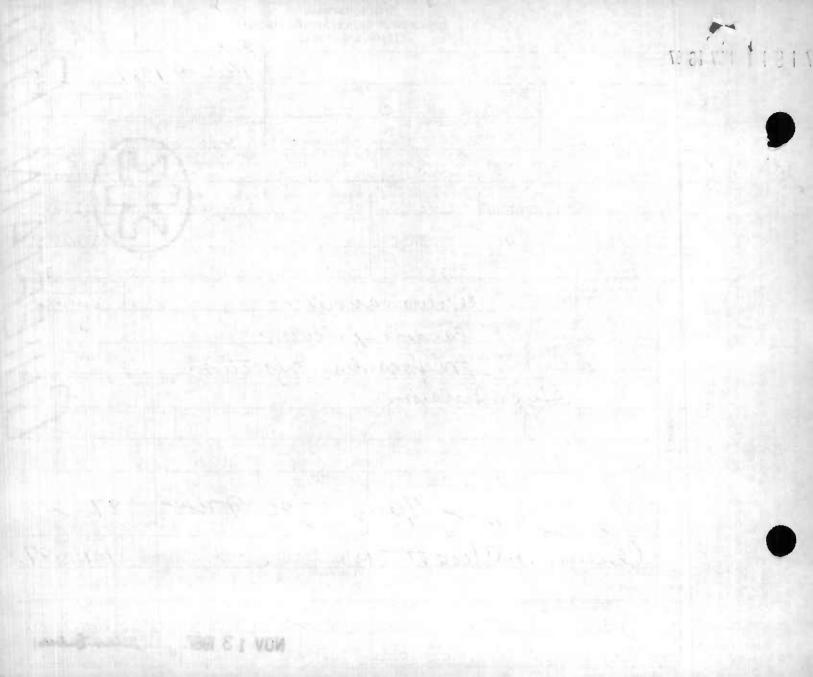
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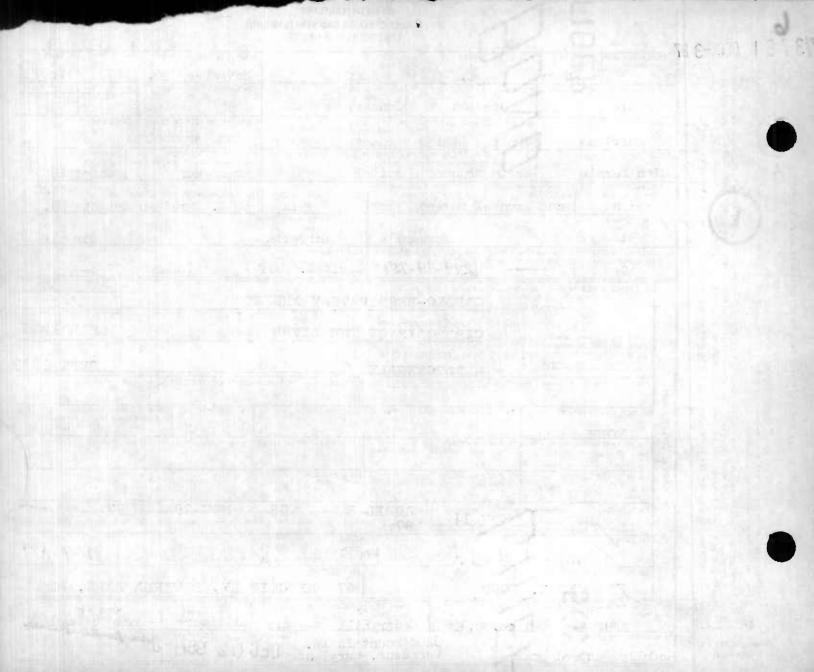
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INDUSTRY

DAYS



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is.	200	125		RTHPLACE (STATE OR FO	DREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8. ************************************	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
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5.8	7.5	1 3	23a.	BURIAL, CREMATION, I	REMOVAL	23b. DATE	23€	NAME OF	EMETERY OR CREMATORY	23d. LOCATION		0.3.3.4	
BP	p			(SPECHY) Burial		Dec.	2.1987	eder	Hill Cemetery		e An	2114	ndel M
1170			24. F	UNERAL DIRECTOR		THE G. A	-		25- DA	TE REC'D. BY REGISTRA		Control of the Contro	relie
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PLEASE FECTOR: R FILES. HOURS STREET,	1. DECEASED NAM (TYPE OR PRINT)	Brend	ia -	MIDDLE		Par	ris-Li	ndsey	2a. DATE K OF DEATH	ESTI-	.1-4 19 87	26 HOUR
ORIGINAL STR	Eemale	White	5. DATE OF BIRTH	55	6. AGE (IN YEA LAST RIRTHDA' YR	MONTHS		HOURS A	PRONOUNG DEAD	]	1-4 19 87	8:10 p. M
MECESS AND A STATE OF THE STATE	70. BIRTHPLACE (SPORTERY)	nd	U.S.A			WIDOWE		DIVORCED	Anne	Arundel	County,	MD
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E SHOULD BE EXECUTED WITH WORD "PENDING" IN PENCIL E CHIEF MEDICAL EXAMINER E CHEF MEDICAL EXAMINER IN OF HEALTH AND MENTAL IN OF REMATION, OR REFERENCE OF THE MEDICAL CREMATION, OR REFERENCE OF THE MEDICAL CREMATION OF	O O	FOPERATION			TEO TO THE TERMIN				(a).		20 AUTOPSY?	
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DIV TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOUDD BE FORWARDE TO FUNER DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALTIMORE, MARRIAND, 21201	22a. I cert death result ACTUAL SIGNATURE	ify that I tool charge ted fram: Natur	of the remains des	Accided	Suid	Autopsy ide .		Inspection [ e ],	Inquiry Undetermined man	ond in my	Maryland	1
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07/84 BP 25M DHMH - 17 (VR A15 ME (5))	24 FUNERAL DIREC		11-09-87 & Son In	c. 62	Cedar 1 24 Eas.		Ave.	B. DATE REC	Brookly OD. BY REGISTRAR 9 1987 4	15b. REGISTRAR	S SIGNATURE	

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR 01 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE 76 CITIZEN OF MARRIED NEVER MARRIED WIDOWED DIVORCED [ 126. KIND OF BUSINESS OR INDUSTR USUAL RESIDENCE UF NURSING HOME OR OTHER INSTITUTION GIVE THER'S MAIDEN NAME 1. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) THE HER DIKNOWN 18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO | 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. , that (I-(ne) lost saw the deceased olive an. , and that in (my) (aux) opinion death occurred an the date and haur and fram the couses stated abave. (1) [well-did (did not) view the body after death 776 51GbHKT1 DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS the St Ille BURIAL 236 DA 24 FUNERALD 250 DATE REC'D. BY REGIS RAR 250 REGISTRAR DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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71	3. SE	Х	4 RACE		S. DATE (	OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
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7	3	IRTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUNTR	Y? B. MARRIE	D A NEVER MARRIED	9. BALTIMORE CITY O	COUNTY	OF DEATH	
Y	-	aryland		States	WIDOW		ANNE A			
2	10. C	ITY OR TOWN OF DEATH	(IF NOT IN S	UCH FACILITY, GIVE STR	EET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON WORKING LIFE	126 KIND OF	lectron:
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21			UNTY	Arnold		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			1010
Part		ATHER'S NAME	·A·	ALHOTO		YES NO X	778 Matchp	oint I	Dr. / 2	1012
1		FIRST Unkno	MIDDLE	LAST		FIRST	Unknown		LAST	
	16a. \	WAS DECEASED EVER IN U.S.		? 16b. SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRE	SS		
1		YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	215-07	-7422	Mrs. Dolore	s P Patten	(samo	ac 13)	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU				THE DOTOIC	5 K. Taccen	Isame	APPROXIM	NATE INTERVAL
ry, or athers	7	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	(c)	OR AS A CONSEC		NOT RELATED TO THE TERA	AINAL DISEASE OF COND	OITION GIVE	EN IN PART 110	1
due out	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PART 2)	
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		270.1 certify that (I) (this had saw the deceased alive above, (I) (we) (did) (did) 27b. SIGNATURE	on 11/11	182 19	/	nd that in (my) (aux) opinion	death accurred on the de	ite and hour	and from the c	
= -		0	8	>			MEDICAL STAF	IAN	224 DATES	2/3
IMPORTANT TANA		R. DAVID R		).			O HOSPITAL I			800
<u> </u>	E	BURIAL, CREMATION, REMOV	11-14	1-1987	Cedar	CEMETERY OR CREMATORY Hill Cemetery	23d LOCATION CHYORTOWN Brooklyn		COUNTY A.A.	STATE Md.
/B1	24 F	L MAME	BERT S.	BARRANG	20	NOV	1 7 1987	256 REGISTR	RAR'S SIGNATI	State .

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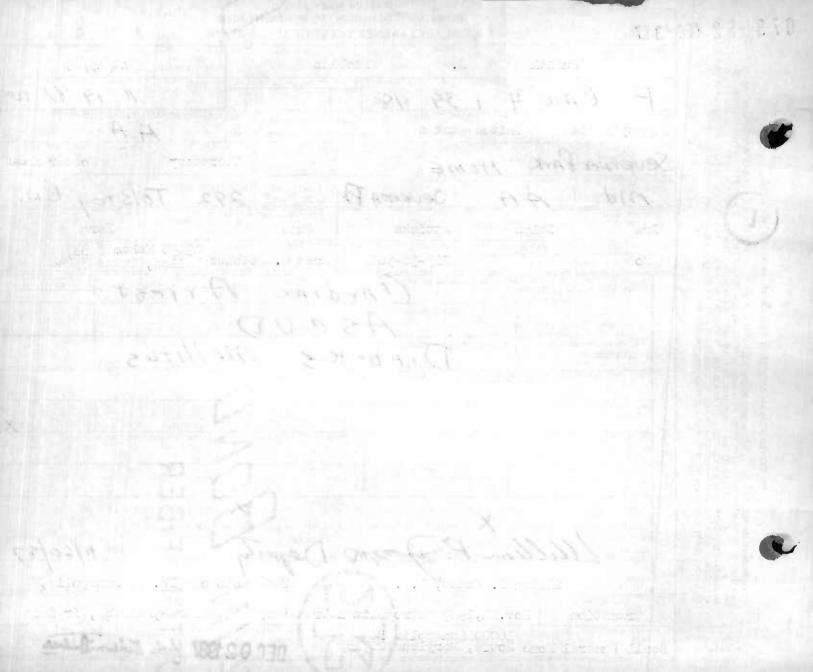
GUEN STRUITE ARTHUR ARTHUR HOSPITAL

200 HOSPITAL DRIVE, SHITE 300

GLEE BURNES, MERTINGS, 21061

R. DAVID RISH, M.D.

073	8 5 2 DEC	12	FOR STATE				STMENT OF L EXAMIN	HEALTH		ENTAL H		ATLI =2		) A	5	
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CORDS, 201 W. PRESTON ST	D BE EXECUTED WITHIN 24 HOL FENDING" IN PENCIL IN ITEM 18 MEDICAL EXAMINER ALONG V AS A BURIAL - REAND TREMS EALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	NO	Conditions, if gove rise to couse (a) storii lying couse los	ony, which immediate ag the under st.	E CAUSE (o).  DUE T  (b).  DUE T  (c).	O, OR AS A C	ONSEQUENCE.	bet	C S OR CONDITION	U [	/	ellite	is	BETW	VEEN ONSET	AND DEATH
OF VITAL RECORDS.	HOULD WEB WITH WALL OF HEAD	CERTIFICATION	190. DATE OF OPE	RATION	19b. C	CONDITION FO	OR WHICH OPE	RATION W	AS PERFOR	RMED?		1			UTOPSY?	NO [X
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	BP- PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	URIAL, CREMATION Cremation	,REMOVAL 23	b DATE	2:	R. NAME OF CE Metropo	METERY O	RCREMATO		23d. LC	ocation or town exandria,	Fairf	ex,Vi	rgiñ	ia.
	DHMH - 17 (VR A15 ME (5))	24 F	uneral director Pall Funer	ral Hom	e Bows	Anna ie, Mar	polis R yland 2	d 0715		25a. DATE R		Y REGISTRAR 256 I	REGISTRAR		URE	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LECEASED NAME KNOWN (TYPE OR PRINT) Garrett Jeffrey Peeler XX DEATH MATED 19 87 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2c. DATE 2d HOUR Dec. 31,1957 12:30 PRONOUNCED Male White DEAD 11 - 919 87 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA WIDOWED DIVORCED Anne Arundel O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Hair Dresser OR INDUSTRY 7889 L Tall Pines Court Glen Burnie SUAL RESIDENCE (IF IN NURSING/HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Ruxton 13d INSIDE CITY LIMITS? 25 Judges Lane FATHER'S NAME 15. MOTHER'S MAIDEN NAME Nancy Joseph Peeler Jr. Mather WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS TES, NO, OR UNKNOWN) 218-76-6821 Joseph G. Peeler Jr Same 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Narcotic Intoxication DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21a EXTERNAL CAUSE WAS HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 11-8 subject used drug 21e PLACE OF INJURY (AT HOME, 11d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 7889 L Talls Pines Ct., Glen Burnie, Anne Home EXECUTE THE CERTIFICATE, PACE A SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST. BALLINGHE, MARYLAND, 2. Arundel Co., Md. 22a. I certify that I took charge of the remains described above, held an Inspection Homicide Undetermined manner X death resulted fram: A Natural sause Accident Deputy Chief ACTUAL 11-10-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAM 111 Penn St., Balto., Md. TYPE OR PRINT **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION SPEC Burial Nov.13,1987 Moreland Memorial Baltimore Maryland 07/84 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Leonard J. Ruck Inc. Baltimore, Maryland Dividion Pandace (VR A15 ME (5))

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Pasadena, MD

DHMH - 16 50M 1/81 (VRA 15, 4)

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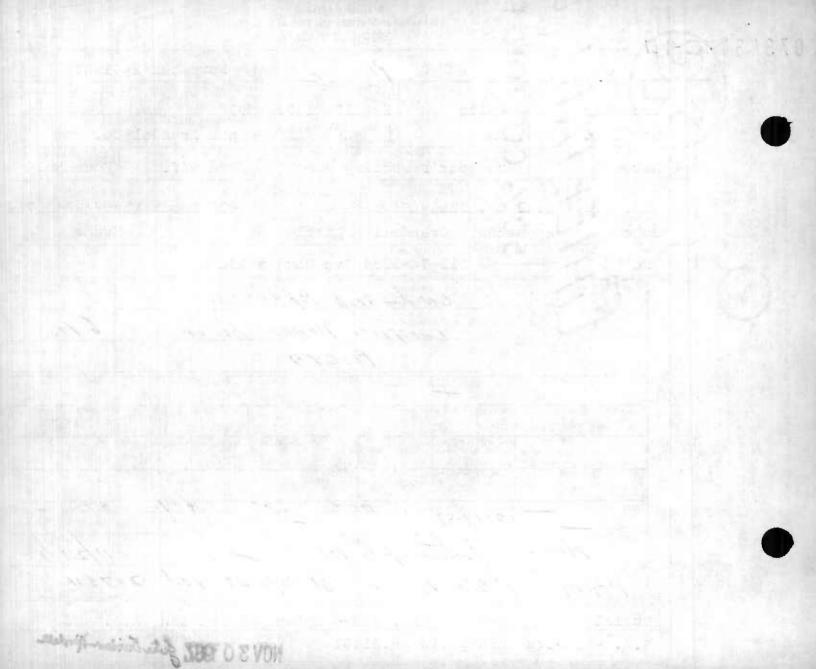
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO E PEASED NAME 20 DATE OF DEATH 26 HOUR I UNDER I YEAR IF LINDER 24 HRS 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX In RIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** NEVER MARRIED DIVORCED 126. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION Home USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 2103 13g. STATE 134 INSIDE CITY LIMITS? 14. FATHER'S NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATES) Copperas Cove. T 18 CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating underlying couse 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY à IN CERTIFYING CAUSES OF DEATH? YES T 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 211 LOCATION 0 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET FACTORY, OFFICE FARM ETC.) STREET pa NOI WHILE 22a.1 certify that (1) (shis haspital) attended the deceased from the deceased alive an \_\_\_, and that in (my) (www) apinian death occurred on the date and hour and from the causes stated abave, (4) (we) (did) (did hat) view the body after death. 224 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF **PHYSICIAN** DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS ld be 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 NOV (VRA 15, 4)

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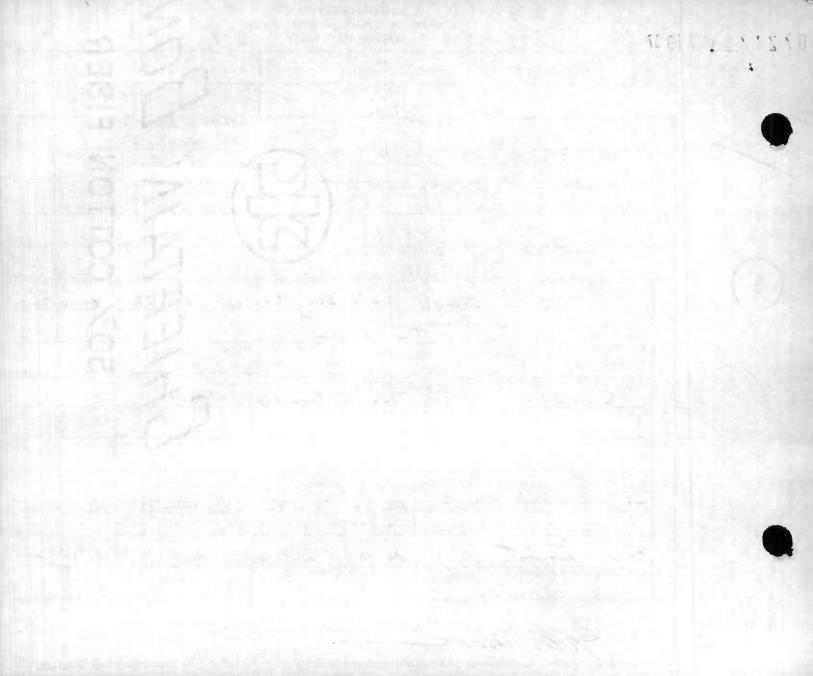
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-	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E.E. S FOR YOUR FILES. ED. WITHIN 72 HOURS S W. PESSTON STREET,	1 00	RTHPLACE ( SPENSOUNTRY Shing		D.C.	76. CITIZEN OF	WHAT COU	NTRY?	8. MARR	IED NEV	VER MARRIE DIVORCE	ED X	Anne A		COUNTY	OF DEATH	
V	PAGE 5	10 C	ITY OR TOWN		ATH	(IF NOT IN SUC	H FACILITY, GIVE	JRSING HOME, STREET ADDRESS)				12a. USU.	AL OCCUPATION OST OF WORKING	ON (TYPE OF		KIND OF BU OR INDUSTE	
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BALTIMORE,	TAN SERVICE /	160. V	WAS DECEASI ES, NO. OR UNKN	ED EVER	(IF YES, GIVE W		16b. SO	CIAL SECURITY	NO.	17. INFORM	THAN		A	Gamb	rill	s Md2	1054
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFFERDEATH WITH THE ST BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PR	INT)		nis F. S	Smyth,	M.D.		ADDRESS_	111 P			Ba	alto.	MD.,	
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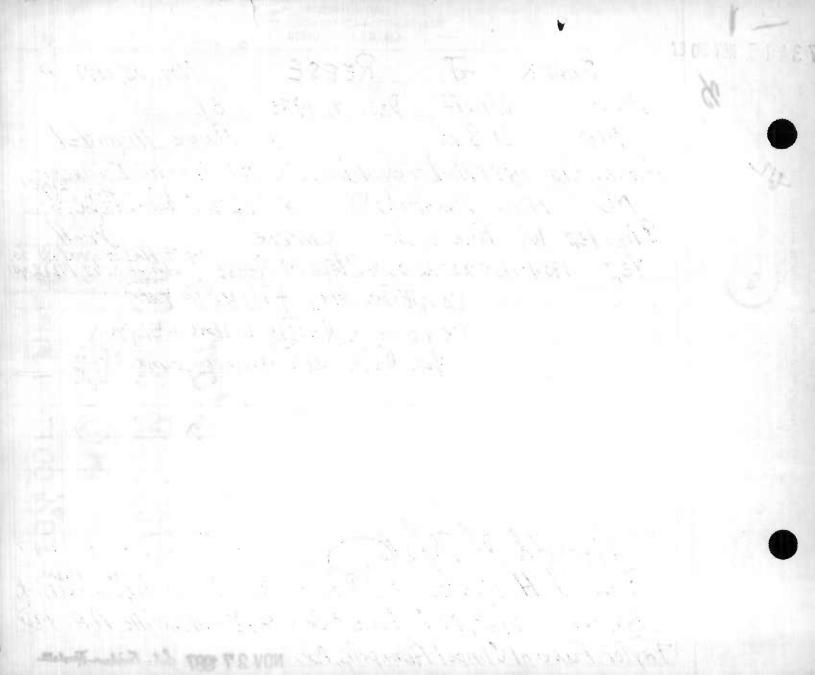
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an. has been t permit.	7	CERTIFICATION	190 DATE OF OPERATION	196	CONDITION FOR V	VHICH OPERAT	ON WAS PERFORM	ED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES	OF DEATH?
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Spite CTO CTO d for			saw the deceased a above, (I) (we) (did)	(did not) view t	he body ofter death.	19 4		r) opinion de	eath occurred on the do	ite and hour	and from the	couses stated
OR or ho			77% SIGNATURE	0	1/1		DEGREE	NDING L	MEDICAL STAF		THE DATES	SIGNED
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(VRA 15, 4)

STATE OF MARYLAND

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH    DECEASED NAME   FIRST   MIDDLE   LAST   DATE OF DEATH   MONTH   DAT   YEAR   76 HOURS	M R 74 HRS MIN. MD.
Shirley Leone Robinette November 24, 1987  3 SEX Female  4. RACE White Match 13, AY 1918 AR 69  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York  10. CITIZEN OF WHAT COUNTRY? WIDOWED NEVER MARRIED	MD. HESS OR
Female  White  March 13, av 1918 ar  7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  New York  U.S.A.  WIDOWED X DIVORCED Anne Arundel  10. CITY OR TOWN OF DEATH  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12b. KIND OF BUSIN (TYPE OF WORK FOR MOST OF WORKING LIFE)  11d. STREET ADDRESS / ZIP CODE  WOLLD X DIVORCED ANNE CITY OR COUNTRY OF DEATH  11d. WARRIED NEVER MARRIED NEVER M	MD. HESS OR
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  New York  U.S.A.  WIDOWED X  DIVORCED  Anne Arundel  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  727 Delmar Ave.  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136 STREET ADDRESS / ZIP CODE	IESS OR
New York  U.S.A.  WIDOWED X DIVORCED Anne Arundel  18 CITY OR TOWN OF DEATH  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY. GIVE STREET ADDRESS)  Clen Burnie  727 Delmar Ave.  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136 STATE  136 STREET ADDRESS / ZIP CODE	IESS OR
ID CITY OR TOWN OF DEATH  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  727 Delmar Ave.  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136 STREET ADDRESS / ZIP CODE	IESS OR
Glen Burnie 727 Delmar Ave. (If not insuch facility, give street address)  USUAL RESIDENCE (IF nursing home or other institution give residence before admission)  138 STATE 136 COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130 STATE  130 COUNTY  131 (STREET ADDRESS / ZIP CODE	
136 STATE 136 COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE	
Maryland   Anne ArundelGien Burnie   MES   NO X 1/27 Delmar Ave. 21061	
14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME	
FIRST MIDDLE LAST FIRST MIDDLE LAST	
Harrison Eckerson Nora Unknown  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (Son)  ADDRESS  175 NO OR UNKNOWN LIFE FOR GIVE WAR OR DATES!	
No N	100
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PARTI DEATH WAS CAUSED BY:	DDEATH
IMMEDIATE CAUSE (0)	
Conditions, if any, which ( b) Severe Chrone Obstructive Pulem Inseper	8
gove rise to immediate	
cause (a), stoting the underlying cause lost.  DUE TO, OR AS CONSEQUE OF Chrowle	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE. YES NO YES NO YES NO YES NO 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)	
YES NO YES NO	
The second of th	
GREGORING CAUSE OF DEATH	
3 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, EIC.) STREET CITY OR TOWN COUNTY	STATE
21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM-EIC.) 21l. LOCATION STREET CITY OR TOWN COUNTY	STATE
22a.l certify that (I) (this haspital) attended the deceased from \$ -2-, 19.86, to 11.24. 19.87, that (I)	(we) lost
226. I certify that (I) (this hospital) attended the deceased from \$ -2 - , 19 86 , to \$ 19 87 , that (I) sow the deceased alive on 19 87 , and that in (my) (aur) opinion death occurred on the date and hour and from the causes sobove, (I) (well (aid) (did not) view the body after death.	(we) lost toted
220. I certify that (I) (this haspital) attended the deceased from \$ -2 19 to	(we) lost toted
22a. I certify that (I) (this hospital) attended the deceased from \$ -2 - 19 6 to 4.24 19 87, that (I) saw the deceased alive on obove, (I) (not 1010) (did not) view the body after death  22b SGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN III 24	(we) lost toted
220. I certify that (I) (this haspital) attended the deceased from \$ -2 19 6 to	(we) lost toted
220. I certify that (I) (this hospital) attended the deceased from \$ -2 19 6 . to	(we) lost toted
220. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on obove, (I) (mental) (did not) view the body after death  22b SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  22c ADDRESS  Dr. Chackumkal V. Cyriac  23a BURIAL, CREMATION, REMOVAL 23b. DATE  23a NAME OF CEMETERY OR CREMATORY  23d LOCATION CITY OR TOWN CITY OR TOWN CITY OR TOWN COUNTY	(we) lost toted  - 87
220.1 certify that (I) (this hospital) attended the deceased from \$ -2 19 6 to	(we) lost toted  - 87

DHMH - 16 60M 7/B4 (VRA 15, 4)



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2546 NOV 2	87	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTA		ENE REG. N	5	0 5	EST
e & &		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
poge 3		MART	IN	HEN	RY	ROGI		JR	NOVEMB	ER 18	1987	912 M
ffer p	3. SE			4 RACE		5. DATE		. 1	6. AGE (IN YEARS LAST BE	RTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
201		Male		White		May	4 1920	0	67	YRS.		
28 A 20 A	Ма	IRTHPLACE (STATE OR F COUNTRY) Tyland		U.S.A.	WHAT COUNTRY?	8. MARRIE WIDOW	D NEVER MARRIES	ורס	9. BALTIMORE CITY 9	OR COUNTY		TY MD.
	10 C	GLEN BURN		(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET H ARUNDEI	ADDRESS)	OR OTHER INSTITUTION	Z	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Trucker	ION OF WORKING LIF	176 KIND C Mounty Transi	of BUSINESS OR ainside port
相對	130.	AL RESIDENCE (# NURS STATE ryland	136 COU	ROTHER INSTITUTION NTY	Glen Bur	N	13d INSIDE CITY LIMI		13e STREET ADDRESS 301 Maryla	nd Ave		21061
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0 117		VAS DECEASED EVER YES, NO OR UNKNOWN) Yes	(IF YES, GI	MED FORCES?	218.05.6		17. INFORMANT(W. Mrs. Celes				ne as #	13
e low requires that the detail on the other than the other than the other remains one prior to bus tall, eventualism, we say injury, or other traum	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERAL	nediote g the lost.	conditions c	llitys	DEATH BUT	NOT RELATED TO THE ATTENTO	E TERMIN	erotic He	20b. IF YES IN CERTIF	S, WERE FINDING CAUSES	NGS USED S OF DEATH?
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ivsicial ding photos certification of themselved or the themselved or them	MEDICAL C	OR CONTRIBUTING C LIFETHER NOTIFY MEDIC 21d. INJURY OCCURE	AUSE OF DE	ATH HOUR A. R) P. 21e. PLACE	.M. MONTH DA .M. OF INJURY	19	21f. LOCATION				COUNTY	
	X	WHILE NOT WH	ILE	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET		CITY OR TO	WN 4.44	COUNTY	STATE
TEN TO OR O		220.1 certify that (II) saw the decease above. (It (we) (c	(this hosp	10-	17 19	110	nd that in (my) (our) or	6 5	, to on the c	ate and hou	r and from the	that (I) (we) last
Che he		22b. SIGNATURE	1	born	I bler	Ph		ING IAN	MEDICAL STA	FF CIAN []	22c. DATE	SIGNED 18-87
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	je 4 moy	ctor poge s ofter deor		3. SEX	16 MDIE		Tihit		June		1932.	6. AGE (IN YE	55	HDAY)	MONTHS DA		ER 24 HRS
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. BALTIMORE, MARYLAND 2120	1	filled in	3	13a. S	TATE  ryland	13b COUNT	TY	GIVE RESIDENCE BEFORE  13c CITY OR TOW  Glen But	N	YES 🗌	CITY LIMITS?	130 STREET A	odress/ lcres	ZIP COD	ed ad	21061	
MARYL	ad with	Wó			THER'S NAME FIRST  Edward		H.	Kingsl		Vi	's MAIDEN NA irginia		MIDDLE		M	laher	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	ures that the death certific	signed by the ottending pt hen please remove carbon p to burial, cremation, or rema	ijury, or other troumotic even	NO	Conditions, if any gove rise to im couse (o), stoti underlying cause	, which mediate ng the	DUE TO, O	R AS A CONSEQUI	ENCE OF		Bred D TO THE TERM				VEN IN PAR	yla Ilio	NS_
I RECOR	ne low re	hos been permit. I ene prior	7	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTO	PSY?	IN CERT	S, WERE FIN	NDINGS US SES OF DEA NO	ATH?
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IVIS	S	offen fer th s the	orked	¥	WHILE NOT W	MILE D	(AT HOME ST	REET FACTORY OFFICE F	ARM ETC }	STREE	02		11/0		an		31816
۵	TENDIN	TOR. Affor use of Heolth	21 is mo		22a.1 certify that (I saw the Occean above (II Ive)				87	nd that in my	(our) opinion	deoth occurre	d on the do	ote and ho	ur ond from	_, that (1) the couses	we) lost stoted
	TAL OR A	te et	T: # Hen		THE SIGNATURE	W	Cole	_ III		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F IAN 🗌	22c D	19/8	7
	O HOSPIT	etoined by the TO FUNERAL should be determent with the Stote	MPORTAN		E W	AME (TYPE OR	LE I	1		5/	FRANK	UN S	V	AN	NAP	Mo	<u>d</u>
	7	_	21		SURIAL, CREMATION	, REMOVAL	23b. DATE				CREMATORY	23d LOCA	OR TOWN		COUNTY		STATE
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STATE OF MARYLAND

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				STATE OF MAKTEAND		
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	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
ay be age 3 death	(TYP	RICHARD	CARROLL	SAMPSON S	D MONTH MICH	
É L	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	23 1987 636 A
rector,		ale	White	April 15 1920	67	YRS.
eral direct		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		
Par sale	2	ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WOR	
is of		GLEN BURNIE	NORTH ARUNDE	L HOSPITAL	Locomotive Eng	
24 hau	13e.	STATE 1136 COU	NTY 13c. CITY OR TON Arundel Glen Bu	WN \$134 INSIDE CITY HAITS?	130. STREET ADDRESS 523 Munroe Ca	ircle 21061
		ATHER'S NAME		15. MOTHER'S MAIDEN N		LICIE 21001
completely completely coloradines	)	Edmund	Sampson	Martha	WIDDLE	Stranz
and ca		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SEC		fe) ADDRESS	
0 20 VE	Ľ	YES NO OR UNKNOWN (IF YES G	A 218.05.4	,	,	Same as #13
rate b		18. CAUSE OF DEATH (Enter o	nly one couse per line for al, (b), a ED BY:	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certificate ng physic rbanpape r remaval,			TE CAUSE (D)	primmary Ed	ana	lay
4 7000 0			DUE TO, OR AS A CONSEQU	JENCE OF	-10	0
the attendi remove car ematian, ar er traumati	1	Conditions, if any, which	( 16) Stut	i myo cardal	infactio.	n day
5 200 4		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOL	JENCE OF	6	V
equires the n signed b Then plea ta burial, injury, at a	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART TIO
has been permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
hysici icate iransi Hygi Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN I	
	MEDICAL	(# EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
attending attending ter this cer is the buria and Ment rked ar ter	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ENDIN al ar DR: Af Tuse a Health		220.1 certify that (1) (this hasp	ital) attended the deceased from	11-21 19 E	) , to //->3	nd hour and from the couses stated
ATT aspirated for all and for all and for and for all		abave, (I) (we) (did) (did) no 22b SIGNATURE	at) view the body after death.	DEGREE	occurred on the dole o	77c. DATE SIGNED
O HOSPITAL OR ATTENE etained by the haspital to TO FUNERAL DIRECTOR: should be detached far us with the State Dept. of Hee MAPORTANT: If them 21 is n		776. SIGNATURE	m n fr	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	= 14.35
etained by the TO FUNERAL should be det with the State		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	AQUAHART ROAL	)
Show the MPO	-	SANG C DOH	MD	CITAL DUE	MITE MADVI AND	21061
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) "La1		NAME OF CEMETERY OF CREMATORY 1y Cross Cemetery	738 LOCATION CITY OR TOWN	COUNTY STATE
OHMH - 16 50M 1/81 (VRA 15, 4)		uneral director	Home, Glen Bur	nie, Maryland	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE RTREGISTRAR CERTIFICATE OF DEATH DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) TELLE dec S DATE OF BIRTH & AGE JIN YEARS LAST BIRTHDAY IF LINDER LYEAR IF LINDER 24 HRS YEAR WHITE 902 MLL To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CLERK 1136. COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 302 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LZMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (IF YES, GIVE WAR OR DATES) RIVERSIDE KD NONE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES [ NO [ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 50 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1)(this baspital) attended the deceased from sow the deceased alive on NOV. 10 and that in ( out opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c, DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS shauld b MPORT 0 23a BURIAL CREMATION, REMOVAL 236. DATE 23d LOCATION 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X ESTI-Schaeffer DEATH MATED Kenneth 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 11:30 Male White June 7, 1987 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Baltimore USA Anne Arundel County, DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE Glen Burnie North Arundel Hospital NA 13d INSIDE CITY LIMITS? 13e STREET ADDRESS AA Glen Burnie Maryland 7905 Solley Road 21061 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Kenneth Schaeffer Nicklas Barbara 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS 16h SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATEST Barbara N. Schaeffer, Same as CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ARDED TO THE CONTROL AGE 3 SHOULD BE USED A AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 Autopsy XX 220 I certify that I took charge of the remain, daily bed above, held an Inspection death resulted fram Natural causes Homicide Undetermined manner TITLE (SPECIFY) Assistant 11-13-87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. MD Burial Nov. 14.87 Glen Haven Mem. Park Glen Burnie 07/84 NOV 1 7 1987 25M 24 FUNERAL DIRECTOR **DHMH - 17** Dividen 1 James S. Kirkley, Glen Burnie, MD (VR A15 ME (5))

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4 1 9 2 DEC	77	TATE REGISTRAR		DEPART		CATE OF DEATH	8 7 REG.	5	0 6	2
	1. DE	CEASED NAME FIRST		VIDUIE	U	51	20 DATE OF DEATH	MONTH 0	AY YEAR 22	HOUR
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b d	3 SE		1 ACE		S. DATE O		6. AGE (IN YEARS LAST I	IRTHDAY)		FUNDER 24 HRS
urs off		Female	4	hite	Marc	h 10, 1901	86	YRS		OURS MIN.
250		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIED MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Cac		irginia	U.S.A		WIDOWE		Anne Aru			MD.
1/2	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADORESS)	ROTHER INSTITUTION	120 USUAL OCCUPA		APCNITE	BUSINESS OR
		nnapolis				Hospital	Superviso	r	The Ca	
8/3/	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	THE Ca	prior
(4)	M	aryland Anne	Arunde	Davids	nville	YESX NO	908 Mt. A		ad 2103	35
NX-	14. FA	THER'S NAME	MIDOLE	LAST		15. MOTHER'S MAIDEN NA	WE		(AST	
120	1	William	B.	Blakem		Kate	May		Boler	n
8		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT (Son	908 Mto			
1	N		EIVE WAR OR OATES)	579-58-5	232	Carleton E.				id. 2103
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od r		IMMEDI				J. May				
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troin troi		gove rise to immediate	) (6)—							
other		couse (a), stating the underlying couse last.	DUE TO, OI	R AS A CONSEQUI	ENCE OF					
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to bu	Z	PART 2 OTHER SIGNIFICATOR	CONDITIONS	DINTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MAL DISEASE OR CO	NDITION GIVE	14 II4 FART 110	
. 6	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
1 3 5 T	분						YES NOT		ING CAUSES OF	F DEATH?
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ntal Hygie		OR CONTRIBUTING CAUSE OF D	1.0000	M. MONTH D	AY YEAR		TENTER THIOTE OF THE	, , , , , , , , , , , , , , , , , , , ,		
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n 2 1		sow the deceased alive of obove, (I) (we) (did) (did)	[]	ofter death		d that in (my) (aur) opinion	deoth occurred on the	date and hour		
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§ § <u>₹</u>		BURIAL, CREMATION, REMOVA	L 23b. DATE	230	NAME OF C	METERY OR CREMATORY	23d LOCATION			
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MARYLAND 2120 ed within 24 hours ed within 24 hours on 25 should be fill eddinger must be in	14. F/	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAST	
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The law requires the offending physician been signed to as the buriol-transit parent. Then pleas thank and Mental Hygere prior to busical artifled as from gray injury, or and		PART 2. OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GIVEN IN	PART Ito	
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LATERON JOURNAL TO NO. BERRIO GLOS

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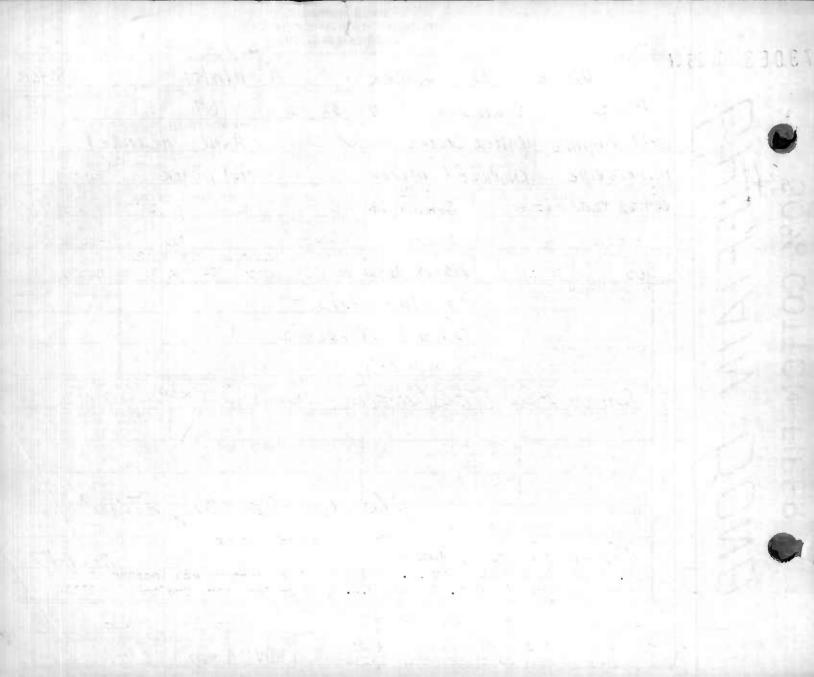
TARZ BALLINGHE-ARNAPOLIS DUVID.

NOVEMBER 15 A TOTAL VIEW AND ASSESSMENT

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DEGEASED NAME 2a DATE OF DEATH 26 HOU 8 SR. 11 20 KENNETH DMITH 4. RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH YEAR 7.2 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY ANNAPOLIS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 5037 Solomons Island Rd. 13a STATE 136 COUNTY 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? MARYLAND LOTHIAN A.A. YES 🖂 NO [ IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE ALBERT CLARUETTE SMITH SELLMAN Lothian ADDRES 20711 17. INFORMANT 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) ADELL M. SMITH 5037 Solomons Island Rd. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line factor), (b), and (c).)
PART I. DEATH WAS CAUSED BY: arres IMMEDIATE CAUSE (O. Meso Helioina Canditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STREET (AT HOME, STREET, PACTORY OFFICE FARM ETC.) 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive and and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated above (1) (we) (did) (did not) view the bady after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236. DATE BURTAL Lothian Annapolis, Md. 21401 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 REESE & SONS MORTUARY, P.A. jules Desideon Randals (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., after place of the death certificate has been signed by the attention os the burial-transit permit. Then please remove cargons than demand Hygiene prior to burial, cremation, or femanded or them 18 shows any injury, or other troumatic events.	7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITION GIVE	EN IN PART 1	o'
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	TAL OR by the ho RAL DIRE detached	ZI. # #		22b. SIGNATURE	Pas	en	C		DEGREE		MEDICAL STAFF	AN 🗆	22c. DATE	25/87
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Hardesty Funeral Home, Annapolis, Md.

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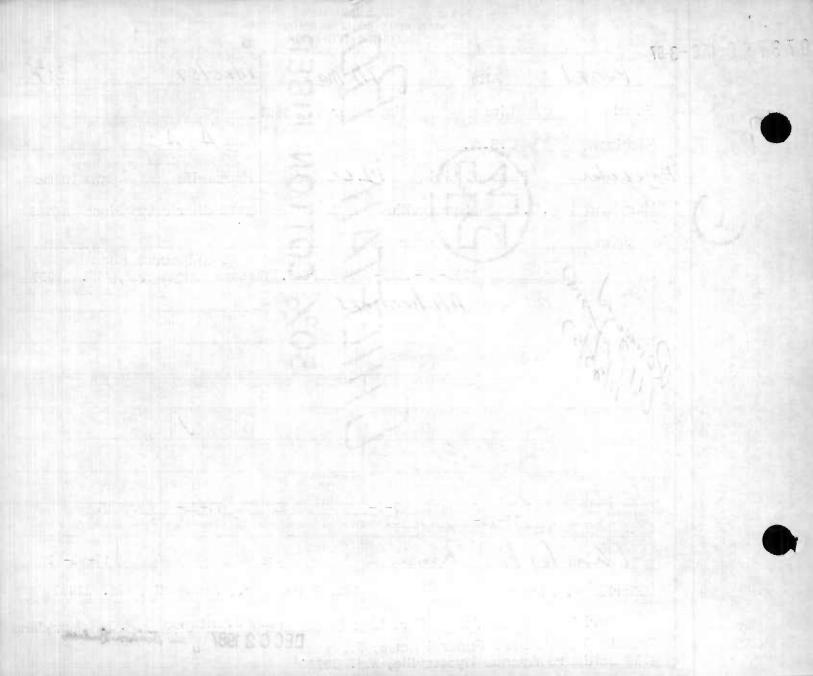
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4 have	13a. S	AL RESIDENCE (IF NURSING HOME OF COTATE 136. COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Creek Terrace
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opild co	16e. V	VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SEC WAR OR DATES) 216-60-		17. INFORMANT An	napolis, AMESS 2 IS 88 Coblege	1401
hat the death cuntificities by the attending period as seniore collogopapa, it, cremption, or short collect frommore event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gove rise to immediate couse lol, stating the underlying couse lost.		PENCEPE	cardior sin and	nigo pothing	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  5 days  1 yr,
requires en signet . Then pir r to bur injury, or	NOI	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM		
he law on. t permit iene pric	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IN C	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES NO NO
lySICIAN: T ding physici as certificate buriol-transi Mental Hygi or Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
OING PHYS or ottending After this or e os the bur oilth and Me marked or It	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
VITENDIN spital or . ZTOR: Afi for use o of Health		27a.1 certify that (I) (this heapth saw the deceased alive on above, (I) (was/did) (did	NOV. 7	87.0	nd that in (my) (our) opinion	deoth occurred on the date onc	hour and from the causes stated
(AL OR A y the hor tal DIREC detached ate Dept. 17: If them		Gary M. Rich	arlsen. M.D.			MEDICAL STAFF DIRECTOR PHYSICIAN	Nov. 4, 1987
TO HOSPITAL of HOS		GARY M. K	ich ARdson, 1	nin	104 FORGE	es Street	ANNA polis, Md
2 0 0 0 3 ≤ 1	230 E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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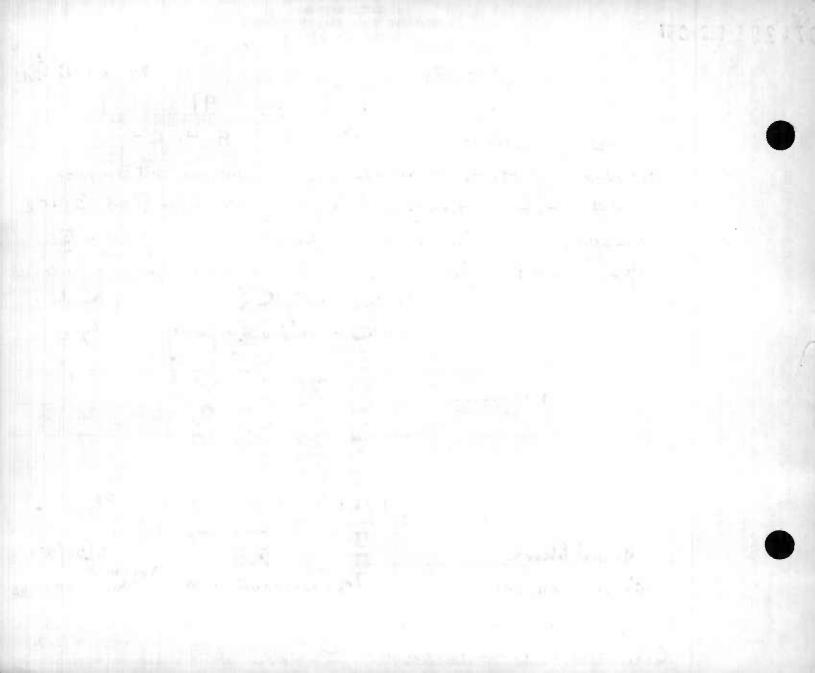
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	he fund	0		TY OR TOWN OF DEAT	1 11	I. NAME OF	HOSPITAL, N	URSING HOME	OR OTHER INST		12a USUAL OCCUPA	ION	12b. KIND O	OF BUSINESS OR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	the di	other 1		couse (o), stating underlying couse	the lost	DUE TO, C	R AS A CON	SEOUENCE OF		to T	ne cere	Dellum		
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Ö	See 7	ony in	ATIC	19a, DATE OF OPERATION	N	196. CONE	ITION FOR W	VHICH OPERAT	ON WAS PERFO	RMED	20e AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED
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0	PHYSICIAN: ending physicians this certifica	- 9 3		OR CONTRIBUTING CA			.M. MONTI	H DAY YEA						
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+ 74	ITHE DEPENDENCE PIRST		Thomas	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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4	Female	White	November 19 100	96 VE	HONING DAYS HOURS N
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1 11 10		GNE WAR DEDATES	ECURITY NO. IT INFORMANT (Son		s Road
2 10	No \		3-4920-T Robert J.	Thomas Edgewat	
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Pop Part Part Part Part Part Part Part Part	77L SIGNATURS	1100	DEGREE	AMERICAN PROPERTY	7% DATE SIGNED
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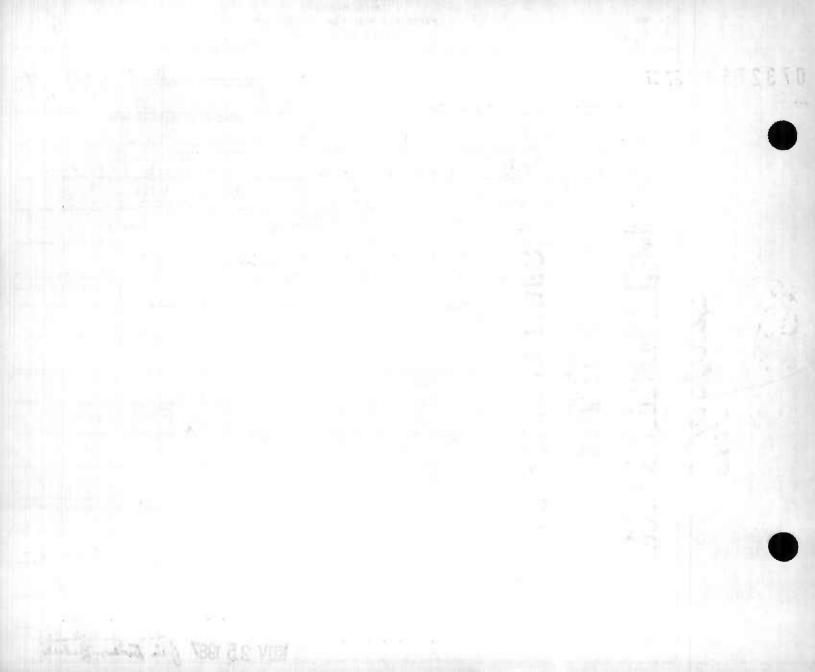


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رق ۾ ق	1	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (# NOT IN SUCH EACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126. KIND OF BUSINESS OR PRKING LIFE) INDUSTRY
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MORE e execu	medico			ARMED FORCES? 166 SOCIALISEC	CURITY NO. 17. INFORMANT	ADDRESS (	7015pa Moad
De o	1		Mes W.M		-2137 IT INEL M	Be Warrelle /	hompson AKNA-md
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours, ottending physician.  Ifter this certificate has been signed by the attending physician and compressly filled in by as the burial-transit permit. Then please remove cabe in popular ingests 1 and 2 should be fill	14 1	42 9	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (o), (b), o SED BY:	Ond (c).)	2.4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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OR A DIRECTOR	Dept.		226 SIGNATURE	Tory view the body offer death.	DEGREE		22c. DATE SIGNED
the the etoc	T. If		Gereral alun	rel	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/24/27
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DHMH - 16 50/	M 1/B1	24. FU	INIERA DIRECTOR	TA	KKAPCLIS, my 250. D	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
(VRA 15,		1	CNAME LIAVE	1975 LANGES		EC - 7 1097 /	" Kindson Randall



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR LTYPE OR PRINTI Margaret 23 85 NOV 27 8 IF UNDER TYFAR 4 RACE DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY YEAR 80 07 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED USA Mass. WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12 PUSUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY Management Retired 13a STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Anne Arundel Davidsonville YES TX 3720 Patuxent Manor Rd IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME Peter Blunt! Catherine MIDDLE Unknown 17 INFORMANT ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES?

(Y) APRUNKNOWN) (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 018 28 8831 Hugh Triggs (Son) Same as 13E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) CITY OR TOWN NOT WHILE 11-10-19 22e. | certify that (1) (this haspital) attended the deceased from\_ sow the deceased alive an\_\_\_\_ , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN A MPORTANT should be a with the St 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) Kobert 0 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 11/25/87 S.S. TOWN Burial Mont. Gate of Heaven Md. 25¢ DATE REC'D. BY REGISTRAR 25b\_REGISTRAR'S SIGNATURE 4 HTHES KIMaldi 11800 New Hamp Ave. S.S. Md. DHMH - 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MINITAL HYGINE  RECORDANCE IN HEALTH AND MINITAL HYGI	07077	1				STATE OF MARYL	AND			
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			CEASED NAME	FIRST		MIDDLE		AST	2a. DAT	E OF DEATH M	ONTH DA	Y YEAR	26 HOUR
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BP			urial, cremation, specify) urial	REMOVAL	23b. DATE 11-9-1			ridge MEm Pk		OCATION CITY OR TOWN	Howa	county rd Mi	5TATE
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MINUTE ARRESTMENT CONTACTA

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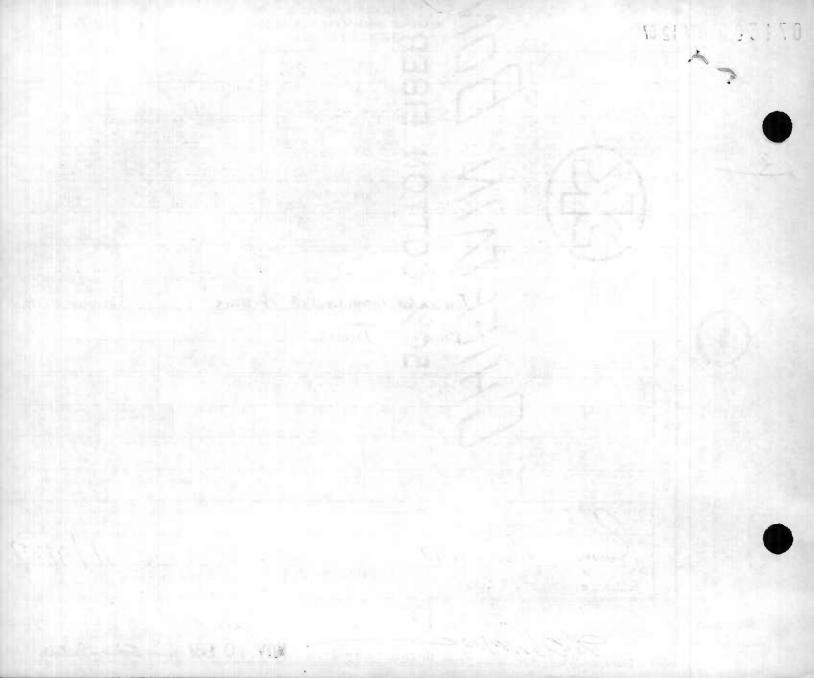
ROBERT & GARRANCO SEVERMA PARK MO. 21145

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	of spece		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF		MARRIE	NEVER MARRIED	P BALTIMORE CITY OF Anne Arun	R COUNTY		MD
	notified o		TY OR TOWN OF DEATH			URSING HOME	OR OTHER INSTITUTION HOSpital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Mechanic		INDLISTRY	Service
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	event, the medical	16a V	VAS DECEASED EVER IN U.S VES NO OR UNKNOWN) (IF YE	S. ARMED FORCES? ES, GIVE WAR OR DATES)		SECURITY NO. 9-8910	Rose M. Vre	ADDR develt (Sam		oove #	13e)
e e	ws ony injury, or other troumatic	CERTIFICATION	Conditions, if ony, whice gove rise to immediate couse (al), stating the underlying couse los  PART 2 OTHER SIGNIFICATION  190 DATE OF OPERATION	DUE TO, C	ONTRIBUTING		NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YES.	WERE FINDIN	
buriol-tror Mentol Hy	morked or Item 18 sho	MEDICAL CERT	218. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C JIF EITHER, NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this b	OF DEATH HOUR A	P.M. OF INJURY IREET, FACTORY, O	1 DAY YEAR 19 FFICE, FARM, ETC.)	211. HOW INJURY OCCURI		RY IN ITEM 18. PAR	COUNTY	STATE that (I) (we) lost
UNERAL Id be det	MPORTANT: If Hem 21 is		saw the deceased olivabove, (1) (we) (did)	ch fle	after deoth.		DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STA	FF.	22c. DATE	
TO FUNE should be with the S	W		SURIAL, CREMATION, REMO BUTIAL	11-7-		MD VEt	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN: Crownsvi		COUNTY	MD STATE
DHMH - 16 60M (VRA 15, 4)			UNERAL DIRECTOR NAME	ROBER SEVERNA		ARRANC MD. 2	1146. 250. DAT	NUV 12 19	REGISTR	ABIS SIGNAT	dern-Kondak

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RUBERT S BARBANCO

71509 NOV	2 -BEOR TATE REGISTRAR			DEPARTA	ENT OF H	EALTH AND N	MENTAL HYGI	8 /	3	0 7	7 8
h b b b	I. DECEASED NAME	Howar		Ernest	L	igner,		20. DATE OF DEATH		8, 1987	7 2b HOUR
may r. pog	3. SEX	4.	RACE		5. DATE O	FBIRTH	WE A D	& AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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oth. P	To. BIRTHPLACE (STATE COUNTRY)			SA		NEVER M		9 BALTIMORE CIT			
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ON TO BE S	Maryland	A A		Severn		13d. INSIDE CI YES [	NO X	939 Smi	th Ro	ad 2	1144
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(VRA 15, 4)	Singleton	Funeral	Home	Glen Buri	nie, N	Marylan	d MOV	1 0 1987	Julia	Devidern-7	findale



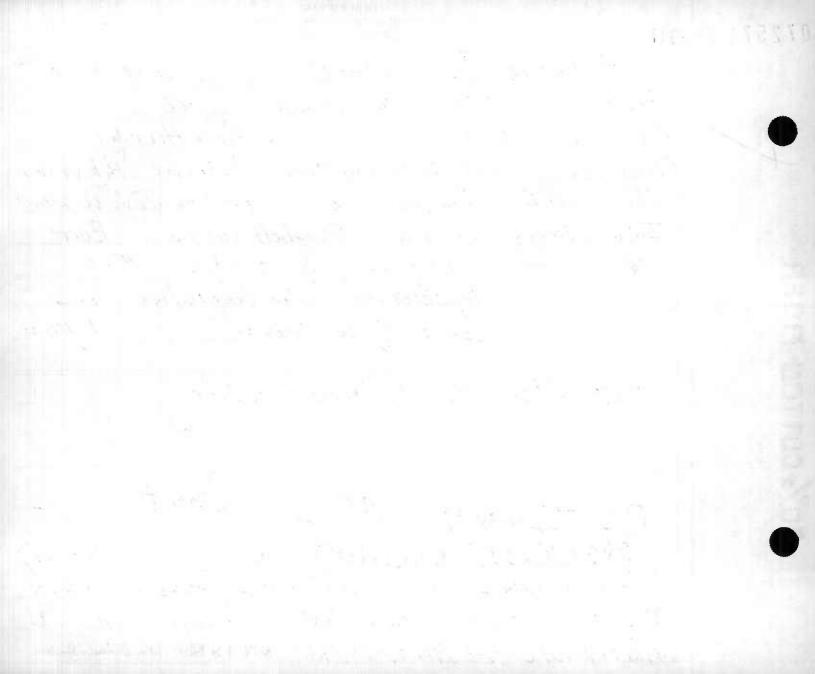
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ARY	1 2 2 2	57	14. FA	THER'S NAME		AST	15. MOTHER'S MAIDEN	MIDDLE		LAST	
	1/10/2	54		Edward		211	Mabel			Baro	clay
OR	E SEE	61		AS DECEASED EVER IN U.S. AI	VE WAR OR DATES!	AL SECURITY NO.	17 INFORMANT	ADDR			
BALTIMORE,		單		Yes 1929	-1952 216-	-32-5913	Goldie B.	Wall, Same a	s 13		
BAI	9 40 5	1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per my for 101	, (b), and (c).)		^		BETWEEN OF	NATE INTERVAL NSET AND DEATH
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201 W. PRESTON ST	that by all cy oth			underlying couse lost.	(c)						
. 20	# Bank			PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CON	IDITION GIVEN IN	PART 110	
DIVISION OF VITAL RECORDS,	n significant		CERTIFICATION								
S	w r bee	7	CAT	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WEI	RE FINDING	GS USED
AL RI	hysicion. ficote hos rronsit per Hygiene p	1	TIF					YES NO	YES [		NO [
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VISI	or otten or otten After the e os the l olth and		×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	OFFICE, FARM, ETC )	SIREEI	CITYORIC		COOKIT	STATE
ō				220.1 certify that (I) (this hosp	ital) attended the deceased	from	10 8 10 8	10 11	10/197	37	hat (I) (we) last
	TTEN pitol TOR for us			sow_the deceased alive or		_190	nd that in (my) (dur) opin	ion death accurred on the d	ate and hour and	from the c	ouses stoted
	hosp hosp liked form 2			22b. SIGNATURE	ot) view the body offe deatl		DEGREE			22c. DATE S	IGNED
	0 0 0 0 7			10000	( -0-8	mo	ATTENDIN	MEDICAL STA			
	- 0 0	+		224 PHYSICIAN'S NAME (TIPE	OR PRINT!	V . ( )	PHYSICIAN 122# ADDRESS				
	O HOSPITAL etoined by the TO FUNERAL should be detivith the Stote MPORTANT:							325 HOSPITAL			104
	retoined   TO FUNE should be with the S	-	0.2 0	RECEP EROL.		I an annual con-		URNIE, MARYLA	ND, 2106	51	
				URIAL, CREMATION, REMOVAL BUTTAT			EMETERY OR CREMATO	CITY OR TOWN	co	ζΆ,	MD
	BP				Nov. 10,87	Julen Ha	ven Mem. Par				
	DHMH - 16 50M 1/81 (VRA 15, 4)		24 FL	NERAL DIRECTOR		DDRESS .	250.	DATE REC'D. BY REGISTRAN	ZSB. REGISTRAR'S	SIGNATI	(andelle
	(400 19, 4)	Į		James S. Kir	kley, Glen Bî	urnie, MD		1101 0 1001	U Du	w-ado 2/1	Characterists.

RESE BOLL S. L.

A L . . . SSU . SD MEREUVOL . . .

325 HOSPITAL BRIVE, SULTE 104

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE TREGISTRAR CERTIFICATE OF DEATH REG. NO 1 DECEASED NAM 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 4 RACE 5 DATE OF BIRTH 3. SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS BALTIMORE CITY OR COUNTY OF DEATH LSTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED X TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR OR MOST OF WORKING LIFE) GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET, ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse ped life for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE A CONSEQUENCE.OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause fast NOTITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION OPERATION 20k IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSYT IN CERTIFYING CAUSES OF DEATH? NO X YES T Mental Hyg 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION Ö CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE FARM, ETC.) STATE STREET orked NOT WHILE 229 Certify that (1) (this hospital) attended the deceased from of H the deceased olive an\_ and that in (my) (and apinion death occurred an the date and haur and from the causes stated abave (h) (we) (did) (did not view the bady after death 22 SIGNATURE DEGREE 22¢ DATE SIGNED TTENDING MEDICAL ould be deto PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES MPORT 230 BURIAL, CREMATION, REMOVAL 23b. DATE DHMH - 16 60M 7/B4 (VRA 15, 4)



		FOR		STATE OF MARYLAND		
966 DEC	3	TATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	B / REG NO	3 1 0 8 1
-1		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH W	NONTH DAY YEAR 26 HOUR
~ 1		D <sub>4</sub>	AVID	WEBSTER	NOV. 20,	1987 7:35
X	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR IF UNDER 21 HRS
X S	1	Male	Cauc,	June 2, DAY 1903 FAR	84	YRS. MONTHS DATS HOOKS MIN.
154 6		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
5 1		Penna.	U.S.A.	WIDOWED X DIVORCED	Anne Ar	rundel M
S. S	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	N 12b, KIND OF BUSINESS OF
( ) ( )	1	Annapolis	1305 Seabrigh	t Dr.	Cost Acct.	U.S. Steel
979	13a	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) WN 113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE
2		Maryland Tall	bot St. Mic	haels YES NO X	Bozman Rd.	21663
	H F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST
>1/	/	George Willia			a Crowther	(ASI
dico de		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT		abright Dr.
		NO	193-10-	5192 Doris J. Ta	vlor Annapol	is, Maryland 2140
是 ]		18 CAUSE OF DEATH (Enter o	only one couse per line for (a), (b), a	nd (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIA	ATE CAUSE (0) metast	atre Concer	Brostate	2 /m
-			DUE TO, OR AS CONSEQU	JENCE OF	U	0
oum		Conditions, if ony, which	( 16) Carrer	- Arstate		Tyre
ner fr		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
ol, c	1	underlying couse lost	(c)			
ury, o	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 110
- 4 io - 4	CERTIFICATION	190 DATE OF OPERATION	10h CONDITION FOR WILLS	H OPERATION WAS PERFORMED	1	
s or	FIC	THE DATE OF OPERATION	178 CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
\$ -	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	71z HOW INTURY OCCUPA	YES NO.	YES NO
ked or Item 18 shb		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCUR	LED LENTER NATURE OF INJURY	IN ITEM 18 PART   OR PART 2)
or He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
0	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC ) STREET	CITY OR TOWN	N COUNTY STATE
nork			ntal) attended the deceased from	7 - 13	11-7	
2 2		sow the deceased alive as	10-28 10	87 and that in (my) (my) anining	death assured on the date	e and hour and from the causes stated
ot. o	- 14	obove (I) wel-(did) (did no	ot) view the body ofter death.	DEGREE	acom accorded on the dote	
F H		The such	· MAR PLAN	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
Z-/		22d. PHYSICIAN'S NAME (TYPE	CM COM	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIA	N [ 1/-23-8/
RT	- 1					
with the State [		Cornelia M. De				Annapolis, MD 2140
		BURIAL, CREMATION, REMOVAL SPECIFY)	23b DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
-	24.5	Burial	Nov. 23, 1987		St. Micha	els. Talbot Marvla
- 16 60M 7/84	37	NERAL DIRECTOR	P A MARIES	Th: 6 - 0 7 250. DAT	E REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE
VRA 15, 4)	VEC	with to x	erras. Dil	KLARELS //LANUV	4 / 100/ 94	ia Denderm Rondallo



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		FT	FOR JAPER PHONE TO F, H, STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. No.	3 5
21	048 NOV -6	187	CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN [X MONTH OF ESTI-	
W	COR. COR. CET.		AUTUMN WHITE DEATH MATED 10-	-28-87 <sub>M</sub>
	ICCESSARY, PLEASE INERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS	Fe	male BIK. June 20 1980 7 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 10-	-28-87 11:40
1		70. B	RETHPLACE (STATE OR TO CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   HOWARD COUNTRY   Howard Country	TY OF DEATH
	A HEER AND A STREET OF THE STR	Ha	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Southbound lane of US. Rt. 1 at S. Hanover Rd.	OR INDUSTRY
	IF ANY DEL AND 3 TO REFAIL P SHOULD BE RECORDS		AL RESIDENCE (IF IN NURSA)  TATE    1	21871
	TO V	La	THER'S NAME  FRST Thomas White  Linda MIDDLE MIDDLE  LINDA	Voung
	A CONTRACTOR	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SNO. OR LINK JOHN) (IF YES, GIVE WAR OR DATES)  Shirley Worthy	)
	ON STAR A HOURS EM 18. G STRMIT, P IENE, DN	2	18 CAUSE OF DEATH (Enter anly one couse per line far (a), (b), ond (c).)   PART I DEATH WAS CAUSED BY:   Cranio-cerebral trauma   Cranio-cerebra	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PRESTO THIN 2 CULIN II NER ALL ANSIT P AL HYG		Conditions, if any, which gove rise to immediate  DUE TO, OR AS A CONSEQUENCE OF  (b)	
	ZOT W. LINE PEN ENAL. TR ENA. TR E		cause (a) stoting the <u>under-lying cause lost.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)	
	CORDS. BE EXECUDING: EDICAL S A BUI VERNATI	NO	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
	TAL REP	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	VITAL SHOUL SHOULE NITOFH BURIAL	E		YES 🛣 NO 🗌
	BOVISION OF VITAL RECORDS, SCENTIFICATE SHOULD BE EXECUTIVED TO THE CHIEF MEDICAL, RESPARANCED OF PROVIDE OF HEALTH AND OUR PRICE TO BURIAL CREMATI	DICAL CE	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 1:16PM 10-28-87 passenger in an auto/vehicle coll	
	DIVIS THIS CER E. WRITIN RWARDED PAGE 3 S STATE DEP	WED	21d. INJURY OCCURRED  WHILE AT WORK  21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  NOT WHILE AT WORK  21d. PLACE OF INJURY (AT HOME, STREET  S. Hanover Rd.  Howard County, M.	Maryland state
	INER: 1 ICATE, E FORW TOR: P THE ST AND, 2	1	27a   certify that I fack sharps of the remains described about the state of the state of the remains described and a state of the stat	pinian
	MEDICAL EXAMINER. CUTE THE CERTIFICATION SE 4 SHOULD BE FOR FUNERAL DIRECTOR. CHARGE MARTH THE STREAM THE THE THE STREAM TH	1	1000000 C X DAGGERARY	10-29-87
			EXAMINER'S NAME Dennis F. Smyth, (M.D. ADDRESS 111 Penn Street	
	238288 7/84 BP		URIAL, CREMATION, REMOVAL 1231 DATE 1231. NAME OF CEMETERY OF CREMATORY 1231 LOCATION CITY OF TOWN MOUNT SECURITY BUTTER TOWN FRITTING TO THE PROPERTY OF CREMATORY FRITTING TOWN FRITTING TO THE PROPERTY OF CREMATORY FRITTING TOWN MOUNT SECURITY FRITTING TOWN MOUNT FRITTING TOWN MOUNT FRITTING TOWN MOUNT FRITTING TOWN MOUNT FRI	5m. Md.
	DHMH - 17 (VR A15 ME (5))	14	Diverse Director Ward # 1700 Mariou, Ms. 1250. Date REC'D. By REGISTRAR 1250 REGISTRAR'S S	SIGNATURE

13-18-81017 Famale 17%, June to 1930 of Martin Farey will a A. Associate Manual In y homiso White Shirley Worth? The same of the state of the st

					Í,	Them 13 per phone to STATE OF MARYLAND  FOR THE THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6
7	1 /	0 1	0 11		L'	1- STATE FOR HILL TO BE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH TREG. NO. 0	0
1	11	U	b N	UV -	6	PECEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN X MONTH DATE (POPE OR PRINT)  OF ESTI-	
6			PLEASE ECTOR. FILES.	REET	2	LINDA WHITE DEATH MATED U 10-28-	
			SOUR Z	TON STR	1	Female BIK. May 13 39 28 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD 10-28-	87º 11:50
			FUNERAL 5 FOR Y	33	5	BIRTHPLACE ISTATE OF TO CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED HOWARD COUNTY OF WIDOWED DIVORCED HOWARD COUNTY	THAT MD
			ELAY IS TO THE P PAGE SE FILED	30	10	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Southbound lane of US. Rt. 1 at S. Hanover Rd.	OR INDUSTRY
		21201	AND 3 TO THE FU RETAIN PAGE 5 SHOULD BE FILED.	E E E		JO STATE  130. STATE  130. STATE  130. STREET ADDRESS  130. STREET ADDRE	21871
	,	RE NO	EAN 2	19	5	Gordy Thomas Voung Caselena Middle Washin	raton
	(	KLTIMO	E SAGES I	NOISI	160	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  ADDRESS  Shire Was NOT THE PROPERTY NO.	8
	•	PRESTON ST.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUNE EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM 18. PROFE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITHOUT STANKING FOR THE MEDICAL EXAMINER ALONG WITHOUT STANKING FOR SHOULD BE SHOULD BE USED AS A RURIAL. TRANKIT PERMIT.	REMOVAL.		PART DEATH WAS CAUSED BY:    Multiple injuries   Multiple injuries	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
		DIVISION OF VITAL RECORDS, 201 W.	BE EXECUTED VADING" IN PER EDICAL EXAMISA SA BURIAL TS	LTH AND MEN		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIPY AND TO DEATH BUT NOT RELATED ID THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).	7 3 5
		TAL RE	SHOULD ORD "PEI CHIEF M	OF HEA		196. C ATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)	AUTOPSY?
		N OF VI	CATE SHOTHE WORD THE CHIE	TWENT R TO BU	3	210 EXTERNAL CAUSE WAS  210. TIME OF INJURY HOUR A.M. MONTH DAY HOUR A.M. MONTH DAY 1210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING POP 1210 CINTRIBUTING CAUSE OF DEATH 11:16P 10-28-87  driver of an auto/vehicle collisi	YES 😿 NO 🗌
		SIO	CERTIFICA ITING THE DED TO THE	PAR	1 3		on
		DIVI	WRITII WARDE	TATE DE		AT WORK AT WORK 19 hgwy. @ S. Hanover Rd. Howard County,	Md.
		)	LE CERTIFICATE OULD BE FORM	H, WITH THE S.	2	276. I contify the Trook charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion death, esuited from: Natural cours	0-29-87
			KECUTE THAT IS A SHARE	TER DEA	2	EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn Street	u ad OI
		/84	BP	- A	L	30. BURIAL, CREMATION, REMOVAL 2316 DATE 2316 NAME OF CEMETERY ON CENTERNATORY FIND COUNTY FULLY OF TOWN LITTY OF TOWN FROM SOM.	Md.
	25	IVA	DHMH (VR A15 A		24	Hime Lard P. O. Box119 Marion, Md. 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGN.	Rendale

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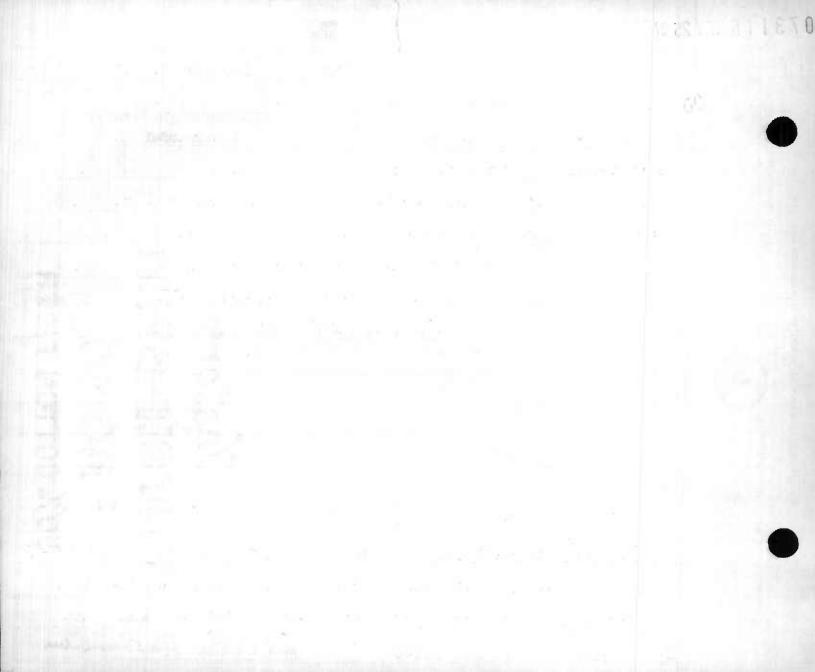
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFFER DEATH, THE BEATTIMORE, MARYLAND.		TYPE OR PRINT) / / / / Am PI	ONES, WO ADDRESS 695 1	merica C	T. 21035
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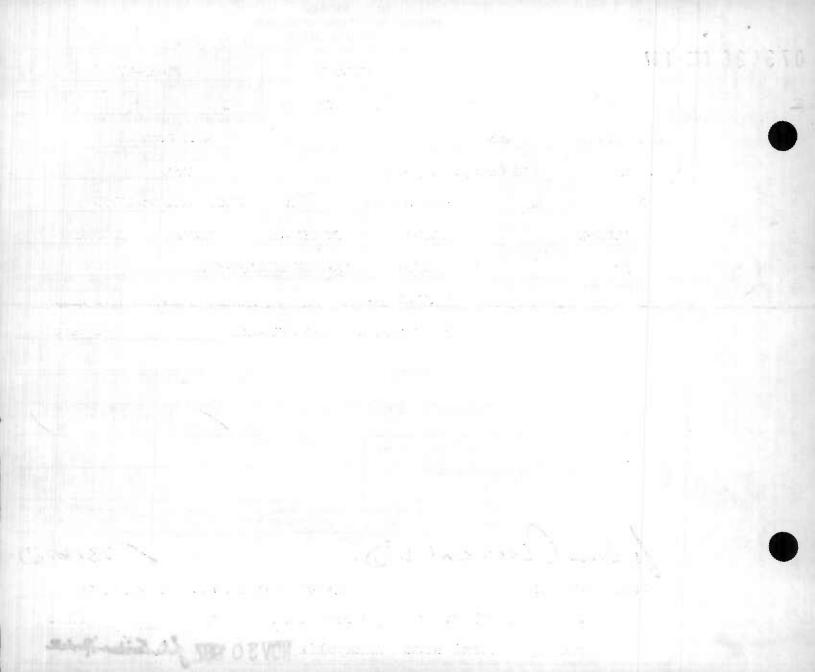
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DIVISION DING PHY or offer this se as the bu	ZId. INJURY (	NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE,	FARM, ETC.)	211 LOCATION STREET	4.1	cm	ORTOWN	COUNTY	STATE
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the has A the has I DIRECTORY I THE HAS I THE HAS I THE HE DEPT.	The Signature	Laine n	n. Da	Vin m	10			MEDICAL DIRECTOR   P	STAFF	221. DAT	ESIGNED 24/87
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DHMH - 16 50M 1/81	NAME	TON	1	32.04	Moun	TAIN RD.	25e. DATE RE	C'D. BY REGIS	TRAR SH REG	TRA SSIGN	SHIP THE
(VRA 15, 4)	Mc Cury	TUNERAL -	omes	PASM	DENA ,	MD 21122	UEU (	1 190/	4		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR PE OR PRINT 2a DATE KNOWN MONTH 26 HOUR OF ESTI-WOLLE, JR. NEAL DAVID DEATH MATED 11-18-89 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 11-18-87 2:14P 39 DEAD MALE WHITE 48 BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Anne Arundel County DIVORCED X U.S.A. MARYLAND WIDOWED [ 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Gun Shop Parts Writer Trucking 7428 B&A Boulevard/Colonial Arms Glen Burnie WOULD RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 21061 3a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a STREET ADDRESS Glen Burnie 7503 Furance Branch Rd. Apt. F Maryland A.A. NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST David Wolle, Sr. Edith Kellum N. Μ. Ina. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 212-52-5910 Rosalee Reshneck 1213 Elmridge Ave. 21227 NO APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 10 PART 1 OR PART 21 UNDERLYING OR OR subject shot ONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED (AT HOME, AnnewArudel CoyNMarylandSTATE dun store 7428 B&A Blvd. NOT WHILE XX AT WORK X 22a. I certify that I took charge of the remains described above, held an and in my apinion TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC,
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH TH
BALTIMORE, MARYLAR Homicide X Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 11-19-87 Assistant SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore Maryland 11/23/87 Loudon Park Cemetery Burial 07/84 25M 24 FUNERAL DIRECTOR 21229 250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNADIRE Julia Dividion. DHMH - 17 (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

at the proper

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR CERTIFICATE OF DEATH DECEASED NAME 2ª DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTE WITMER ROBERT WOODALL, SR. 11 87 11:35A. 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH YEAR WHITE MALE 10 35 To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRYS ANNE ARUNDEL COUNTY U.S.A. MARYT AND WIDOWED DIVORCED | 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ETYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HANOVER 7255 FOREST AVENUE ASSISTANT TRUCKING USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 30. STATE 136. COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND HANOVER 7255 FOREST AVENUE 21076 A.A. KON YES [ 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Yingling Noble W. Woodall Sushanna ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 14b. SOCIAL SECURITY NO. 17 INFORMANT 21076 IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Joan Elizabeth Woodall 7255 Forest Ave. 212-34-2790 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Scherodorma IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a Corcinona 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (I) (this hospital) ottended the deceased from may 5 sow the deceased alive on\_ and that in (my) (w) opinion death accurred an the date and have and from the causes stated above, (1) (we) (did (did not) view the bady after death 22b. SIGNATUR DEGREE 22r DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) hould be 22e ADDRESS Dr. Joseph Miller St. Agnes Hospital 9 23d LOCATION 23e BURIAL CREMATION REMOVAL 23h. DATE 23c. NAME OF CEMETERY OR CREMATORY I SPECIFY) BURIAL ELKRIDGE 11/4/87 MEADOWRIDGE MEM.PK. HOWARD MARYLAND 250. DATE REC'D. BY REGISTRAR 26. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

NOVO 6 1987 California



N.		1	STATE OF MARYLAND
1		1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
			REGISTRAR CERTIFICATE OF DEATH 8 7 REG. NO. 1 U 7
0/1	1986 NOV-8	187	CEASED NAME A FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 75 HOUR
	9 e e	LIAME	MARGARET M. ZACKS 11 62 81 430/Pm
	4 may be for, page 3 after death	3. SE	
	tor, office		Female White Aug. 17, 1907 80 YRS. MONTHS DATS HOURS MIN.
	Page 4	7a. 81	RTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8
	# 100/00	0	COUNTRY) MARRIED   NEVER MARRIED
	4 4 7 70 100		IN PECTICUT USH WIDOWED DIVORCED HONE HOUND MD.  TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
	# # # # # # # # # # # # # # # # # # #	6	(ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
201	v 6.=	1-	mapolis Hone trundel General Hospilal Homemaker Home
021	24 hour		AL RESIDENCE (* NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)  TATE  136. COUNTY  136. CITY OR TOWN  136. INSIDE CITY LIMITS?  138. STREET ADDRESS
N N	in 2		nD HA Hanapolis YES X NO [ 213 Norwood Road
RYL	15/12/	14. FA	THER'S NAME  FIRST MIDDLE LAST  FIRST MIDDLE LAST  AND THER'S MAIDEN NAME  FIRST MIDDLE LAST
¥	B # /#/		aurence M Marca   South H Malchaphu
ORE,	execond page 1		VAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Same as
× ×	0 0 5		NO - 1045-16-4430 Janet McKec- #13
SALT	physicia n popers maval.		18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY:
<u> </u>	physic no popermoval		PARTI. DE ATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) CAVOLINGINA & CEVVIX  15975.
N N	th cerry nating carba , or re		DUE TO, OR AS A CONSEQUENCE OF
STO	atend nave ca orian, o		Conditions, if ony, which ( th)
8	the dea		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF
. ≥	s that the death certificate be by the attending physicial lease remove carbon papers rial, cremation, or removal.		underlying cause last.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
SOS,	equire Then To bu	NO O	
0	Dw r	I.A.	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
R		Ē	YES NO YES NO YES NO
¥.	PHYSICIAN: The is ending physicion. this certificate has te burial-transil per ad Mental Hygiene don them 18 shows	CERTIFICAT	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2)
O.	SICIAN ng ph certifii urial-tr iental I	AL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTHY MEDICAL EXAMINER) P.M. 19
NO	HYSICIAN nding ph his certification is burial-transfer or them 1	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION
VISI	G Pter	E	WHEE DIE HAT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OR TOWN COUNTY STATE
ō	A A A A A A A A A A A A A A A A A A A		220. Vertily that (I) (this hospital) attended the deceased from
	OR ATTEN or haspital DIRECTOR: oched for us Dept. of He If them 21 is		Any the descript along an GO 200 and that in (my) (aur) aniains death accounted as the date and how and the standard and the search and the search and the search accounted to
	NA AT		above. Upwel (did/) did not view the body after death.  DEGREE  220. DATE SIDNED
	, also , also dis		ATTENDING MEDICAL STAFF
	- o m ess z	1	PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 224 ADDRESS
	FUN FUN ORT		
	TO HOSP etained TO FUNI should b	-	Michard N. Peeler, MD 151 Tranklin St. Annapolis, MD
			BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN
	BP		Burial Nov.91987 East Side Woodbridge NewHaven CT
	DHMH - 16 50M 1/81 (VRA 15, 4)	79 5	UNERAL DIRECTOR  250, DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE  NOV 5 1987 Julia Disorder Readels
	(VKM 13, 4)	1 10	Villa King and Change Hancastic Mil

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				STATE OF MARYLAND											
7	21	00	104 10	FOR STATE ST			DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH							0 9	7.
1 1	4	1901	NOV 19				MIDDLE LAST					REG. N		AY YEAR	2b HOUR
		e e e	1				RIA ZELINSKAS				A DAIL OI DEAM		5 87	11:30A	
		noy be	A				4. RACE		OF BIRTH		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR		
		e 4 m		0. 50	FEMALE		WHITE		MON'			81		NONTHS DAYS	
		Pog dir	100		RTHPLACE   STATE OR FOREK	GN .	CITIZEN OF W	VHAT COUNT	TRY? 8		□ NEVER MARRIED □ □ DIVORCED □	9. BALTIMORE CITY		OF DEATH	
-	,	And Seath	100	1	MARYLAND		U.S.		WIDOW	ED DI				l County MD.	
10	4		Carried C		LINTHICUM	1	(IF NOT IN SUCH	OSPITAL, NU FRACILITY, GIVE S LLVIEW	TREET ADDRESS)	OR OTHER INS	NOITUTION	126 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE]  HOMEMAKER  126 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE]			
6	1	100	an c	USUA	AL RESIDENCE (IF NURSING H	C OR	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)								
Q.	1	24 Filled	夏日		ARYLAND	OUN	14	BALTI		YES TO	NO [	130. STREET ADDRESS 2804 WASHI	NGTON	BLVD.	21230
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND		rid X	-3520		THER'S NAME		AIDDLE			15. MOTHER	S MAIDEN NA	ME	2102021		
		7 0			GEORGE	^		MASTAU		ELIS	ZABETH	WIDDLE	N	4ILAUC	KAS
		( 3 3	100		AS DECEASED EVER IN U		AED FORCES?		SECURITY NO.	17. INFORMA		ADDR			
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	2	urres signed	injury, o		PART 2. OTHER SIGNIFIC					T NOT RELATED	O TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART	"Chrillata
		red it Th		CERTIFICATION	Bronchiectasis, Obstructive discover assert at 6 by Mata										INGSTISED
	2	n. nos b	Prio Duy	FIC	190. DATE OF OPERATION	198 CONDI	IOIA FOR WI	INCH OF ERAIN	JIN WAS FERFO	DKMED		IN CERTIFY	RTIFYING CAUSES OF DEATH?		
	Ž.	The sicion	shows	ERTI	218. ACCIDENT WAS UNDERLY	ING [	21b. TIME OF	INJURY		121r HOW IN	VIURY OCCUR	YES NO		S OR PART 2)	но 🗆
		SICIAN: The physicial certificate	T ®		OR CONTRIBUTING CAUSE	OF DEA	HOUR A.M	A. MONTH			SONT OCCOM	KED TENTER NATIONS OF 11970	AT HATTEM TO THE	in For Fact 2)	
		YSIC	r Item	MEDICAL	11F EITHER, NOTIFY MEDICAL EX	(AMINER)	P.M 21e PLACE C		19	211 LOCATI	ON				
	2	tend the	pu op	ME	WHILE IT NOT WHILE I	7	AT HOME STRE	ET, FACTORY, OF	FICE, FARM, ETC )	STREE	ī	CITY OR TO	IWH .	COUNTY	STATE
		Afte O	alth and M morked or		220.1 certify that (1) (this		15 11 1/1 11	1 11	-2		- 80	111	15	27	(3)
		Tolo OR:	T .S		saw the deceased of	in	11//#	<b>~</b>	eceased from 19 8 , and that in my (aur) apinion death occurred on the date or					and from the	, that (1) we last
		OR ATTENI be hospital DIRECTOR:	should be deformed for with the Stote Dept. of IMPORTANT: If frem 21		above (J) we) (did) (	did no	new he body o	fter death.		DEGREE	, (,		are one moor		E SIGNED
		he he h			111	-	Shan	m_	Unn		ATTENDING .	MEDICAL STA	FF _	11-	11.87
		HOSPITAL ined by th FUNERAL			77d. PHYSICIAN'S NAME	LIVE de	POOLITI	000		22e ADDRES		DIRECTOR PHYSIC	IAN []	1//	16-0/
		Ped Di	the ORT												
		etoined TO FUN	should be defined by the Store	20	Johnson 1001 Pine Heights Room 202  BURIAL CREMATION REMOVAL 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION										
					SURIAL, CREMATION, REM	OVAL	23b. DATE					23d LOCATION CITY OR TOWN		COUNTY	STATE
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		DHMH - 16 50			INERAL DIRECTOR			ADDR	RESS 2	1229	250 DAT	TE REC'D. BY REGISTRAN	1		
		(VRA 15,	4)	H	ibbard Funera	al F	Home. In	C 410	7 Wille	מזות בורים	I NU	V 1 8 1987	quilia .	Devidson	Pandage